

Dr. P. P. Wells

Treatise on

Dysentery

Diarrhoea

Typhoid fever

Rheumatism

MLM

CHAPTER I.

DYSENTERY.

ITS HISTORY, PATHOLOGY, AND TREATMENT.

Medical writers from the time of Hippocrates have treated of dysentery, and the variety of opinions they have entertained is but little less than the number of writers by whom the subject has been discussed. Three thousand years have not sufficed to settle the question for all whether it be really a disease of independent existence, or whether it be only an adjunct of some other more general form of evil. Those who have regarded it as an independent disease have had no agreement of views as to its true nature, while those who have contended for its derived status have failed equally to agree as to the origin to be assigned to it and the nosological relations in which it ought to be placed. From Hippocrates and Celsus, Aretæus and Galen, through the long list of those of the ancient and middle ages, as well as through that of the modern, down to the latest and best of the writers of our own day, nothing is established but a great diversity of opinion, though nearly all have tried their best to remove difficulties and differences. But even now, in works of the latest date and most complete character, the subject is discussed as an unsettled question, and *Bamberger* seems to come no nearer to its adjustment than Hippocrates or Galen. He says upon the nature and general nosological relations of this fatal disease there are not only the most various opinions expressed, but that these are in many instances no less than the exact opposites of each other. He ascribes this well-known fact in part to the different pathological systems and opinions advocated by different writers, and in part to the

difference in times and circumstances in which the disease has been developed. The whole difficulty has grown out of an unwillingness on the part of these writers to concede to the disease an existence, and a nature outside and independent of their systems and opinions which by its visible phenomena it has never failed to assert. While this was clearly seen as to the systems and opinions of precedent writers, singularly enough, each was as blind to the fact in its application to his own as were all his predecessors. The profession seems to have been incapable of conceiving of disease outside of this circle of system, relationship and opinion.

To this disease some have conceded an independent existence, affecting the intestines chiefly, and there having its chief localization. Others have regarded it as a specific blood disease, in this view putting it into the category with typhus and cholera. In this view the localized affection of the intestines is only a result of this precedent fact. Others, as *Williams*, regard it as only one of the fruits of marsh malaria, and so in its origin they regard it as of the family which embraces the intermittent and remittent fevers, and their cognates. *Röderer* and *Wagler* take this view, while *Eisenmann* and *Canstatt* deny its independent existence, and consider it only as the localization of various pathological processes in the intestines, such as scurvy, typhus, rheumatism, and cholera. *Cælius Aurelianus*, and *Stoll* regarded it as an internal rheumatism with ulceration; *Huxham* and *Broussais* as a simple inflammation of the colon; *Cullen* as a constriction of the intestines constituting an obstruction to the passage of its fecal contents, while *Zimmermann* and *Annesley* allege its cause to be found in a change in the character of the biliary secretion; *Johnson* and *Martin* attribute it to changed bile and cutaneous activity. With many its origin is only miasmatic, while many others hold it to be only from contagion, while there are still others who hold its *origin* to be malarious and its *extension* to be the result of contagion.

The great variety of opinions which have prevailed on this subject with the best minds of the profession have more than a historical interest to commend them to our attention. They are confidently presented as the strongest witnesses to the erroneous ideas of the nature of disease in general which have prevailed with a uniform continuance in the antique school of the profession from its origin to this day. However diverse these opinions, there is no one of them which has not something of fact on which it has been based.

The second difficulty has been that observers have each confined their attention chiefly to such facts as favored their individual opinions, having no eyes for others, or giving them no place in the view from which their judgment was made up. With this partial view of the facts any philosophy of the disease was possible, and all were about equally plausible and worthless.

It is only when disease is recognized as a *state*, affecting the vital condition of the whole man, and not as a thing, localized in some isolated spot or organ, that a philosophy of individual forms of it which will bear scrutiny in the light of facts and be found equally applicable to all its examples can be possible. In this matter of the nature of disease in general the whole has been ordered and fixed by a power above all appeal, and nothing has been left to the disposal of those who make its cure their business but to see things as they *are*, and deal with them accordingly. Dogmatism here is of no importance, no matter how high the authority from which it comes. It is ever a cheap method in science. Here it is worthless and contemptible. To this failure to recognize the actual and fixed nature of disease in general, and to this partial observation of facts by those who have been the successive teachers of successive generations, is to be ascribed the ever-shifting and multitudinous theories which constitute so large a portion of the history of practical medicine for three thousand years. Teachers and writers before the time of Hahnemann failed to recognize the truth that Almighty power had established all the facts and relations of the case before their day, and that they have neither the power nor the calling to change them in the least particular. That their whole duty was to see, first, what God had done, and, second, to accept this and deal with it according to the requirements of the law He had enacted for the government and necessities of the case—that in this is comprised the whole sum of the physicians' practical duties. In this view, let us see what are the facts and the duties so established in the matter of dysentery.

And the first fact which we recognize is that this, like all other diseases, is a general fact, pervading the whole individual man, reaching to and affecting all the functions of his bodily organs, no one of them being left untouched. There is no vital action in the organism which is not changed. In this we only meet the fact equally true of all other diseases, and which, even in it and them, declares in language from the Divine power, the language of facts, that there

is in the world no such thing as a *merely local disease*. Hence the views of *Huxham*, *Broussais*, and *Cullen*, and of all who, like them, have limited the action of the disease to the localized affection of the great intestine, are completely negatived at the very outset. They never have shown, and it never can be shown, that the inflammation and ulceration of this part is more an essential part of dysentery than is the loss of muscular force, the changed morale of the patient, or the universal change in the functions of the various secreting organs. Those who give it the general character of a disease of the blood are equally partial and faulty in their views, as are also those who limit its nature to change in one or more of the important secretions of the bodily organs. These certainly are affected, as these writers declare, but so are all the other secretions, and there has been no good reason given for making those of the liver and skin of such pre-eminent importance as to exclude the others from consideration when the verdict as to the general character of the disease is to be made up. There is as good reason for excluding these, to which such prominence has been given, as any one of those which have been so completely ignored in the presentation of this partial view, or, as for that, of any of the other general or local facts which have here been so unwarrantably omitted.

The second fact which arrests our attention is that, as a central point in this general affection, there is a group of phenomena which gives character to it among diseases, and without which no one of them is ever called dysentery. This is the group which characterizes the genus and gives it its place in the circle of those families of morbid processes which constitute the sum total of human diseases. In the practical relations of facts, this group has shown its chief significance and importance when it has decided that it is dysentery with which we have to do. Hence it is only the defining, or generic, group of facts or symptoms of the case. We say facts or symptoms, because all facts are symptoms, and all symptoms are facts—the terms are strictly interchangeable. So that when we, as a school of medical practice, are accused in our practical consideration of diseases of dealing only with its symptoms, we accept the accusation as a truth. We deal as we profess, with its *facts*, and with nothing else. This has been by ignorance cast at us as a reproach. We accept it as an honor. In return, we only inquire of the opposer what it may be with which he deals, seeing he is so dissatisfied with *facts*.

This central group has its origin in a localization, not of *the disease*,

but of one of its elements, or of one of the processes of which it is composed. This localization is in the large intestine. The process is an inflammation of that organ. The group of symptoms there originating is made up of *frequent and for the most part small discharges of blood or of bloody mucus from the rectum, with pain, tenesmus, and fever.* This has often been regarded as expressing the whole of the disease. It is only its generic or defining group of symptoms. In our practical endeavors to cure, this group has a much less important place than other and far less obtrusive facts. It simply determines the diagnosis, and then leaves the prescriber where he was before as to all knowledge of means for a cure. These are discovered chiefly by a careful consideration of the third fact which is present to our observation, viz.: that there is a peripheral group of symptoms gathered around this central and localized one which declares, not that we are dealing with *dysentery*, which has already been decided, but which goes beyond this, and declares the *kind* of dysentery which is before us. The importance of this peripheral group does not cease here. It extends far beyond, it being the group which contains the indices which point to the curative agencies, through the law of similars, on which we have learned we can safely depend.

It is the group to which we are to find the simillimum in the effects of some member of the materia medica on the living organism, as recorded in its pathogenesis, the law of cure demanding the similarity of these two classes of facts, of the drug and the disease. It is made up of far more numerous elements than the central, defining group, embracing, as it does, all those facts of any case not essential to constitute it a member of its class, but which belong to it as an individual member of that class. In other words, the group embraces all the specific symptoms of the case, while it includes none which are generic. As we have remarked, many of these are gathered around the generic group, and are found as concomitants of its members, or as circumstances or conditions by which they are excited, aggravated, or alleviated. To these are added those modifications of the functions of other organs which ever make up a very important part of the case, and are so ever varying in their character or circumstances as to constitute a large part of the elements which compose the characteristics of the case, which are our chief guides in the selection of the specific remedy. Let us look first at those elements of this peripheral or specific group which attach to and

give character to those of the generic, viz.: the evacuations, the pain, the tenesmus, and the fever.

The discharges vary in their character. They may be at first pus mixed with mucus, or mucus and blood, or blood only. Later in the attack the pus is absent. The mucus may be yellow, green (light or dark), or brown. The blood may be bright or dark colored, mixed with other matters, or in separation from them. It may be fluid or coagulated, in streaks or specks. The voided mass may be odorless or offensive. The offensive odors are various in character. It may be like that of spoiled eggs or of putrid flesh, or it may be of a penetrating, disgusting, indescribable character; or the discharges may be watery, ichorous, or purulent, brown, green, gray, yellow, mottled, blackish, sticky, tarlike, or mixed with yellowish flakes or patches of membranous exudation. The evacuations, though for the most part small in quantity and of frequent occurrence, vary much in different cases in both particulars.

The concomitant symptoms of the evacuations are very different in different cases. There may be before the evacuations thirst, nausea, vomiting, anxiety, restlessness of body and mind, faintness, perspiration, partial or general, which may be cold or hot. There may be any of these symptoms present with the evacuation or after it.

Disposition to evacuation may be excited by the ingestion of the smallest quantity of food or drink, and also by any, even the slightest, movements of the body. The greatest sense of exhaustion may attend or follow the discharges. These may also be preceded, attended, or followed by shudderings, chill, heat, or sweating.

The pain is very various in its character, as cutting, pinching, burning, excruciating, bruised, constricting. It varies in location, as in the hypogastrium or the region of the navel. It may extend from the intestines to other near or remote parts, as the urinary bladder, the loins, the sacral region, or the thighs. It may be present in its greatest severity before and during the evacuation, and cease, for the time, immediately after, or it may be continued after with equal or nearly equal severity. It may be relieved by particular positions of the body or limbs, by external warmth, and in some cases by a moderate external pressure. It may be renewed or intensified by food and drinks of whatever kinds.

The tenesmus is present in different degrees of severity, with accompanying pains in the anus of different character. There may be a sense of this part being torn out or constricted, or there may be

burning, smarting, cutting, stabbing, shooting, or throbbing in the part accompanying the tenesmus. This symptom may be found to cease with the accomplishment of the evacuation or to continue after it.

The fever is also various in its intensity and accompaniments. In some cases it is developed in a slight chill or shuddering, followed by a similar slight reaction of heat of the surface and acceleration of the pulse, which disappears after the first day or two of the attack. At other times these elements are more positive and persistent in their character. In other cases the elements of fever are developed later in the case, and are indicative of and spring from important changes in the condition of the part where the diseased process is more especially localized. The two forms of fever are quite different in importance and significance. The mildness or severity of the first is no measure of the danger of the patient; neither is its cessation evidence of convalescence, or even that the worst of the attack has passed. On the contrary, the second is always indicative of grave and important changes, and its cessation may unhesitatingly be regarded as a favorable indication in the case.

The elements of the fever in this, as in other diseases, have their particular characteristics. The chill may be a general sense of coldness, with shuddering, varying in its duration in different cases, or there may be only slight, creeping chilliness, confined to the back or limbs, or it may be in the form of chilliness of the upper or lower extremities or of either side. The heat may be general or partial, extreme or moderate in degree, with great or slight restlessness, and with thirst intense, slight, or not at all present. The perspiration, if there be any, may vary in its character, and also be general or partial, hot, warm, or cool.

The general symptoms also belong to this group, such as debility, exhaustion, emaciation, faintness or fainting, either in connection with the evacuations or independent of them; coldness of surface, which is dry or covered with perspiration; heat of surface, dry or sweating; color of general surface, as pale, red, or bluish; painful sensibility of the general surface to touch or pressure; sensation of being generally bruised; cramps in the limbs; general restlessness, with or without tossing about in the bed; sense of paralytic weakness in the limbs; sensibility to the open air, even though it be warm; sensibility to external cold; the position in bed.

So do also the functional symptoms of other organs than that more especially affected by the localized process in the large intestine. Of the skin there is to be noted temperature, perspiration, its general or local characters, its smell, if any, and the stain it leaves on the clothing, if any; the expression of countenance; the color of the face, as pale, red, or bluish. Is the face turgid and full, as if bloated, or shrunken, and the features sharpened? The state of the lips, are they pale or red, dry and cracked, or smooth? Is the mouth dry, or covered with mucus? The tongue dry or moist, clean or coated? Modifications of taste are also to be noted; as is also the odor of the breath, if this be offensive; aphthæ in the mouth; loss of appetite, thirst, or repugnance to or desire for particular forms of food and drink; difficulty of swallowing and hiccough; nausea, and if there be vomiting, the character of the ejected substances; distention of the abdomen, with or without sensibility to external pressure; if sensitive, the quality of the pain produced, as of cutting, excoriation, or bruise; prolapsus of the rectum with the evacuations; tenesmus of the urinary bladder; the character of the urine voided; sleeplessness; coma; anxiety; delirium; the state of the pulse, and the like.

These are the phenomena which gather around the central, localized process of the disease, and declare its specific character; and, in so doing, point at the same time to the specific remedy which cures. Hence it is these, in our practical duties, that chiefly engage our attention. In the two aspects in which, as practical physicians, we are compelled to view diseases, first as facts in science, second as objects of our practical duties, this peripheral group of symptoms belongs by eminent importance to the latter. Though its members belong to the disease, and are as really integral parts of it as are the generic symptoms in its scientific existence and relations, still they have their highest importance in their office of guides to the selection of specific remedies. They are seldom or never all present in any one case; oftener there are but few of them, but these few are no less the guides to our choice because they are few. Whether few or many, they are our only guides to a safe and sure practice. The enlightened and conscientious physician will give no less heed to them in this case, and never, for this reason, turn from them to any, whatever, of routine resort, because Doctor this or that declares that he "cures all his cases by it." By this he simply proves that he does not know what a *cure* really is.

ETIOLOGY.—But there are other facts which pertain to dysentery in its scientific character and relations. Its etiology is the first to be considered. And of this we may remark, first, that of the specific cause of the disease, when epidemic, we know but little. Of the general circumstances and conditions which favor its development we are something better informed. The disease is found in every climate, though it is more frequent and severe in warm, and especially in tropical, lands. Its production seems to be favored by sudden and great variations of temperature. The effects of this cause are increased by such exposures as chill the body, and by which it and its clothing are made wet. And this is still further affected by continuing to wear wet clothing. The production of the disease is still further favored if to these causes are added either deficient or improper diet. When prevailing as an epidemic it attacks by preference those who are suffering from an exhausted state of the vital forces, from whatever causes. Of these, debility from the action of other diseases, excesses of any kind, protracted watching and attendance on the sick, are among the most potent predisposing causes of dysentery. While this is true as to predisposing causes, it is equally true that dysentery gives immunity to no age, sex, condition, or race, though females are said to be less frequently attacked than males, and in Europe children than adults. It may be doubted whether this last observation of foreign writers is true of the disease as it occurs in this country. My own impression is that the reverse of this is true. In my own practice I am confident that the majority of cases treated have been in childhood. For reasons above stated, the poor and destitute are especially liable to attacks, as compared with the wealthy and those whose wants are adequately provided for. As to the exact nature of the exciting cause of the disease, we have said we know but little. There are some facts, however, which may be received as settled. As early as the time of Hippocrates it was recognized that the origin of the disease was not unfrequently in some way connected with the decomposition of vegetable or animal matters—that is, with malarious effluvias. Of modern observers, *Annesley*, *Pringle*, and *Vignes* have found it to be intimately related in its origin to the miasm of intermittent fever. So many others, in different ages, have noticed the fact that now is generally received, that where these fevers are most prevalent and severe, dysenteries are most frequent and violent. While it is admitted that the two forms of disease are somehow related to the same cause, or at least are supposed to be,

there has been no successful attempt to bring to the light the modifying circumstances which in any given case determine the action of this cause to result in the production of the one rather than the other.

Dysentery, like this form of fever, is in its favorite abode on southern coasts, shores of lakes, and the banks and deltas of rivers, and in countries which abound in marshes. In such localities, especially in tropical countries, the disease is found in greatest frequency and in its most violent form. The extreme in these respects is likely to be developed in the hottest months of the year and when the change of temperature from day to night is great. In all countries this last is a potent disposing cause of the disease. This is true especially in the autumn of the year, when hot days are followed by cold nights. *Annesley* found, in Bengal, the disease to be far more prevalent in those months which were hot and wet than in those which were equally hot and dry.

Errors in diet have been placed with the exciting causes of dysentery with a readiness which perhaps a more careful observation would have avoided. It is certain that this alone is not a sufficient cause. The most that can be rightfully claimed for it is, that when other influences have already prepared the organism for a ready development of the disease, this may become operative to the extent of giving the final impulse to movements which have had their initiative in other causes, and in such cases may claim to be regarded to this extent as *occasional* causes of the disease. It might be better to regard this as only a contributor of its mite to the production of the general result rather than to raise it to the importance of an independent cause, which it is not. The same is true of that other fact, *fecal stasis*, which *Cullen*, *Annesley*, *Cambay*, *Johnson*, *Martin*, and others have regarded as a cause of dysentery. *Cullen* regarded this, when the result of constriction of the intestine, as the disease itself. *Virchow* has better declared the insufficiency of this as an independent cause, and clearly states the necessity of other specific or disposing causes before this can be effectual in the production of the disease. This is, no doubt, true—so that this is rather a contributor to the efficiency of other causes than an independent agent capable of producing the general result by its own independent force.

Dysentery is met as an epidemic more frequently in warm, and especially tropical, countries than in those which have more temperate climates. But, as has been remarked, of the specific character of

the epidemic causes we know nothing. We are only aware of its existence from witnessing its effects. As an epidemic, dysentery differs from cholera, yellow fever, the plague, small-pox, and some others in the comparatively limited extent of territory which it covers by a single visitation.

A potent factor in the production of dysentery is the crowding of population in great numbers into limited spaces, as in overcrowded apartments, prisons, ships, tenement houses in large cities, concentration of troops in crowded barracks, and the like, by which the atmosphere becomes loaded with poisonous exhalations from the resulting putrefying animal matters, rendering it not only unfit to support life, but a vehicle to convey and distribute the causes of disease in various forms, and these of the most destructive character. Dysentery is a frequent result of this state of things, and when so produced its severity is likely to be in the ratio of the aggravation of the cause, and of the heat and moisture of the climate and season, of the time and place.

PATHOLOGICAL ANATOMY.—Another fact pertaining to the disease as a fact in science is the changes wrought in the tissues by its localized process in the large intestine. In other words, its pathological anatomy. These are various, the differences being determined by the severity and duration of the case. *Rokitansky* gives this description of these changes in the milder forms of the affection. The mucous membrane is thickened, and in spots reduced and injected and covered with a thin deposit, which is of a pale yellow, or grayish-red color, and of a purulent character. At the same time, if this be removed by scraping with the back of the scalpel the membrane itself is readily displaced with it, and is seen in the form of a grayish or reddish-gray bloody pulp. Here and there are found patches of greater or less extent where the mucous membrane appears reduced to a thin layer, covering the sub-mucous tissue, or this last is laid bare, the membrane having wholly disappeared. The solitary glands are swollen. The sub-mucous tissue is somewhat infiltrated, and the intestine generally distended.

In the severer forms the same author gives the following description of the changes wrought: The mucous membrane is covered with a dirty white stratum of necrosed epithelium, mixed with a purulent, thick exudation of reddish-gray color, with soft, whitish flocks, while underneath this the membrane is reddened, injected, swollen, softened, friable, and broken down in different degrees. The sub-mucous

tissues, and especially the sub-mucous connecting tissue, are much infiltrated, and at the points of greatest intensity of the diseased action this last tissue appears swollen into nodules. In addition to this, the mucous membrane of the intestine here and there, and especially that of the descending colon and rectum, is covered with patches of fibrinous, membranous deposits, which very frequently, and especially on the insulated swellings just mentioned, is changed into greenish-brown, bloody, infiltrated slough, under which the sub-mucous connecting tissue appears ecchymosed. In many places the mucous membrane is at the same time eroded, with loss of the superficial stratum of its substance, the minute resulting depressions of the affected surface giving it a silverlike aspect. Besides this, on careful inspection are found excavations through the mucous membrane penetrating into the the sub-mucous tissue of the size of a poppy or millet seed. These are the result of a partial or entire destruction of the solitary glands, which have passed into suppuration.

The colon is contracted, its coats are swollen and rigid. Later it is distended and is found to contain gases, with the reddish-gray, thick, purulent matter, or a dirty brown, ichorous, stinking, flocculent fluid. The lymphatic glands of the mesocolon are swollen, congested, and softened.

In the severest forms of the disease the mucous membrane, in large connected patches, is changed into a greenish-brown, adherent, or a blackish, friable, loose slough, which is not unfrequently expelled in the form of tubular masses. The sub-mucous connecting tissue is pale, infiltrated with serum, and traversed by black branches of blood-vessels, filled with muddy, sedimentary, bloody contents. Later it is infiltrated with pus, becomes friable, easily torn, and often filled with numerous deposits of pus of greater or less magnitude, and is finally, with the mucous membrane, broken down into a black, necrosed pulp. The intestine is dilated and often collapsed, and contains a blackish-brown sediment, like coffee grounds, which smells like gangrenous matter. The veins of the mesentery not unfrequently return from the intestine a black, muddy, necrosed blood mass.

The peritoneum of the intestine in the severer and severest forms of the disease loses its shining gloss and presents a dirty, grayish color, caused by enlarged blood-vessels, and is covered with a foul, ichorous exudation, a condition which extends to the mesocolon and mesentery.

In the severest forms of the disease the intestine is not unfre-

quently perforated by the sloughs penetrating through the muscular and peritoneal coats, or by necrosis of the purulent infiltrated sub-mucous tissue.

Where the sloughs of the mucous membrane are followed by ulceration of the sub-mucous tissue, and this penetrates to the muscular coat, a shriveled callus results at the point of attack.

Dysentery may be either acute or chronic. When cured while in its acute form, where the mucous membrane is destroyed, it is replaced by the sub-mucous tissue or by a subjacent stratum of connecting tissue. These denuded surfaces generally extend in various directions, like threads or bands, which not unfrequently form partial or entire circles around the tube, constituting a stricture of the colon, similar to that in the œsophagus which results from the action of corrosive substances upon its mucous surface.

The surface of the cicatrix appears generally smooth, but a careful examination often shows that there are remains of the mucous membrane of the colon contained in it. In cases where the sloughing of the mucous membrane has been followed by ulceration of the sub-mucous tissue, which has penetrated to the muscular coat, shriveled, callous patches are found at the point of attack.

Chronic dysentery is a catarrhal inflammation of the mucous membrane of the colon, with profuse suppuration, frequently proceeding from the ulcerated follicular glands, as above mentioned, or the sub-mucous tissue becomes the seat of purulent ichorous deposits, over which the mucous membrane, in long patches, becomes necrosed. In the progress of the ulceration the sub-mucous connecting tissue is destroyed. In both varieties the ulceration extends its ramifications to the destruction of the muscular coat and the development of peritonitis and inflammation of the connective tissues of the peritoneum, especially in the neighborhood of the rectum, where abscess is sometimes the result. In the destruction of the tissues by necrosis, the process extends sometimes through the peritoneum and openings into the cavity of that sac result. The above is the pathological anatomy of dysentery as given by *Rokitansky*, than whom there is no higher authority.

DURATION.—The duration of dysentery is stated by *Bamberger* to be from eight to fourteen days. Under proper homœopathic treatment it is, no doubt, much less. Indeed, it is no uncommon result of a right prescription that the disease is cut short and its existence limited to but a day or two. This can only be realized where

the effects of the remedy are specifically like those of the symptoms of the case in hand. Such a remedy cannot always be found, though it should always be carefully sought for. When this search is but partially successful, cases are of longer continuance. The duration of the chronic form of the disease is very uncertain. I have had the happiness to cure a case of three years' standing, which had been contracted in India. The cure required two doses of medicine, and no more.

The same author also remarks that a perfect convalescence after acute or subacute attacks is attained only after a lapse of from one to four weeks, and is usually realized by a gradual subsidence of all the symptoms of the case; that this is seldom a sudden occurrence. This observation is also from an allopathic standpoint. Under homœopathic treatment a perfect cure is not unfrequently a short work.

He also remarks that dysentery may terminate fatally both in the acute and chronic forms. In the former, in from three to five days, from rapid exhaustion, the result of a copious exudation; from excessive evacuations and hæmorrhage, or from putrid decomposition of the exuded product and the mucous membrane, or by a perforation of the coats of the intestines. Not unfrequently in fatal cases, on inspection after death, intussusception of the ilium into the colon is found. Chronic cases are fatal chiefly through a gradual exhaustion of the vital forces by reason of the extended ulceration of the intestines and the resulting impoverishment of the blood and emaciation.

There is sometimes a troublesome sequel to dysentery in the cicatrices resulting from the healed ulcerated patches on the inner surface of the intestine. The constriction of the organ which they sometimes effect is both troublesome and dangerous. Inflammation and abscess in the cellular tissue attached to the colon and rectum is not uncommon. When met, it is always a dangerous complication. These complications belong chiefly to cases which are treated allopathically. It will be only in rare circumstances, and those of the most unfavorable kind, that they can result in cases which have been well treated homœopathically.

DIAGNOSIS.—The distinction which it has been attempted to set up between those cases which are based on the one side on follicular inflammation and ulceration and on the other on a croupose exudation on the mucous surface of this intestine, may have a scientific interest to commend it to our attention, but practically it has not the least value: First, for the reason that the two conditions are present jointly in a great majority of the cases we are called to treat;

second, because during the progress of the disease there are no such distinctive symptoms of each condition as enable us to pronounce with certainty as to the positive presence of either of these conditions to the exclusion of the other. In this connection *Bamberger* says: "The presence of a glairy mucus in lumps in the evacuations, with or without traces of blood, is an undoubted evidence of inflammation of the follicles, but it is certain that the croupose (or fibrinous) exudation may at the same time be present in every case; * * while, on the other hand, if there be clear blood in any considerable quantity, with or without a mixture of mucus, and if there appear in the stools membranous shreds or patches, or amorphous masses of exuded product, the croupose exudation prevails;" and, third, because the indices which have been made by Almighty wisdom and power, our only sure guides in the practical selection of curatives, are not found in these material conditions of the case.

There can hardly be any serious difficulty in distinguishing dysentery from other forms of disease, its phenomena are of so positive a character and their features are so distinctly marked. But it is to be remembered that all cases of bloody evacuations from the rectum are not of this family. Hemorrhages from the intestines, more or less copious, result from the tubercular, typhus, and other forms of inflammation, as well as from important congestions of other neighboring organs, or from impediments to the return of the venous circulation to the great centre from any of the various causes of this troublesome state. But these all fail of some of the essential facts requisite to bring the case within the definition of dysentery, while at the same time there are always present those facts which declare the true nature of the cause of the bloody discharge. The same remarks will apply to the hæmorrhoidal swellings and ulcerations. Cancerous and syphilitic ulcerations of the rectum may give rise to pains in the part with tenesmus, as well as to bloody discharges. But here the pain is of a fixed character, and the pus and blood are smeared over the surface of the common feculent mass, instead of constituting the principal matter voided, as in dysentery which has advanced to ulceration.

Dysentery may be complicated with many other diseases and is excluded by the presence of no other. *Rokitansky* thought it excluded by typhus, but *Prof. Oppolzer*, of Prague, in his observations upon two hundred and thirty-one cases of the disease, found it not unfrequently complicated with typhus.

PROGNOSIS.—Under intelligent and careful homœopathic treatment and nursing, the prognosis is generally favorable. This can hardly be questioned after a practical experience in this treatment of the disease of more than forty years without the loss of a single case. In this time the number of cases treated has been great, and there is no reason for regarding them as less severe, on the whole, than the average of cases as they occur in a general practice. There are considerations, however, which are of moment always in making up our account of prognosis. Sporadic cases, in good constitutions, are the least likely to be attended with danger or to give much trouble in their cure. In different epidemics differences in the character and severity of the disease are met which may have an important bearing on the question of prognosis. Under the varied forms of treatment resorted to the mortality is found to differ greatly in different epidemics from this fact. The prognosis is affected materially by the complications with other diseases to which this is, more than some others, liable. The extent of this is determined by the nature of the complicating associate. The more grave the character of this, and the more it may have perverted the functions of the bodily organs or depressed the general standard of the vital forces, the more important its influence on the prognosis of the case. This is greatly increased where the character of the complicating element is such as has in its nature that general distinctive influence on function and tissue known as *cachexia*, such, for instance, as the tubercular or cancerous, or that which attends Bright's disease, or many of the dropsical affections, or syphilis. Patients convalescing from attacks of severe acute diseases, if attacked by dysentery, are, other things being equal, in more danger than those attacked in health. The degree of added danger is determined by the nature of the previous attack and the degree to which it has depressed the vital forces.

The surrounding circumstances of the patient may have an important influence in determining the issue of an attack. If the patient be in a crowded or badly ventilated apartment, or be subjected to the privations of poverty or to great mental anxiety, or is from any cause wanting the comforts of proper diet and nursing, the prognosis will be so much more unfavorable as any of these causes may be operative. The disease is said to be more fatal in childhood and old age than in middle life. The locality has an important influence on the prognosis; the high, dry, and freely ventilated being far more favorable than the low and marshy, and the temperate climates than the tropical. Extreme heat in either is unfavorable.

A moderate intensity of the pain and tenesmus and evacuations of moderate frequency and quantity, which are not very offensive and contain but little blood, are favorable, while the reverse of these are unfavorable and in the ratio of the intensity in which this reverse condition is present. Other unfavorable elements are a long continuance of the disease, which is threatening to pass into a chronic form; relapses are more dangerous than original attacks; symptoms of collapse; great prostration of the vital forces; symptoms of peritonitis and of perforation of the intestine, chills, a falling in of the abdominal parietes, with loss of their natural elasticity; involuntary evacuations, erysipelas, pyæmia, violent vomiting, with choleraic symptoms; rapid emaciation, dropsical affections, protracted hicough, delirium, convulsions, and paralysis.

TREATMENT.—When we pass from the consideration of dysentery as a fact in medical science, to treat of it as a fact to be cured, the first question we have to answer is, How shall we be able to grasp with certainty the means best adapted to the accomplishment of this end? And if, just here, the law of similars presents itself, and claims our confidence as a sure guide in the selection of the requisite means, we reply with the next question, What does this law of similars require? Or, in other words, what is the simillimum which it requires us to discover to be like? What are the facts which it is to resemble, the likeness to which constitutes it the curative of the case, under the authority of law? To be able to answer this question with clearness and certainty when it arises, as it must, at the outset of our practical consideration of our subject, we have already presented a somewhat extended statement of those facts in two classes, viz., the generic and specific symptoms of the case. Similarity to these alone answers the demands of the law. Not to the mass of these, as we have presented them as a picture of the general subject, but to such of them as may have presented themselves in the particular case we are about to treat. To these we are to find the simillimum and we have found the cure. And this is what we are to do in each succeeding case. It is to be understood, now and ever, that there is no such thing as a cure for this or any other disease in any single drug; though it need not be forgotten that there are not wanting those who say they cure *all* their cases with one remedy—*Merc. corr.*, for example. They are probably honest in their statements, and mean to be truthful. The difficulty with this class of practitioners is not that they are, as a rule, not

honest, but that they have an imperfect idea of what constitutes a cure and a very limited experience of that which they fail so completely to comprehend. A cure with this class of practitioners is one thing—a cure with those who really find the simillimum of each case, as it is treated, is quite another. In the one case the idea of *cure* is simply that of *recovery*—in the other it is the positive change of the destructive action of the vital forces, by the efficient agency of a medicinal force, to that conservative balance of action we call health. With the one, the idea of a cure is little more than a negative; with the other, it is a positive removal of an evil by the interposition of an efficient agency, in compliance with the demands of a divinely appointed law. Recovery may be possible where no means are employed for the attainment of this end, or even where the means employed have been wholly wrong, and therefore, so far as they have been influential in the case, have been only hurtful. A cure results only from the right use of right means, according to the requirements of law, the whole tendency and influence of which, when so employed, is in the direction of health, and therefore only beneficial.

There is, sometimes, an experience in the treatment of this disease, when it is present as an epidemic, which at first glance would seem to negative the statement that it finds its cure in no one drug. There is such a repetition of the facts of each case in every other, in these circumstances, as to make it quite possible for a cure to be found in a single drug for the epidemic. The reason for this is in the fact that all the examples of the disease in the epidemic are the product of a common cause, the action of which on the organism is so little modified by local or individual circumstances that the result in each case is virtually a representative of that in every other. The resemblance of each case to each is so great that the simillimum to one is a simillimum to the whole. So that, though a single drug may be found which will cure most, or even all, the examples of an epidemic, it cures by virtue of the resemblance of its effects on the organism to the symptoms of each or all the cases of the epidemic, and not at all because the case in hand is a dysentery. The cure is general only because of the uniformity of the symptomatology of the cases, and the application of the drug in each succeeding case is as much an individual compliance with the demand of the law for an individual likeness of the drug and the symptoms of the case, as if there had been but this one case to be treated. It

will be apparent then, at once, that this experience in epidemics of dysentery, or of any other disease, is only an apparent, and not a real negation of our denial to any one drug of the right to be regarded as the curative of the genus dysentery.

And then, it is not to be forgotten that when the cure for the epidemic which now prevails has been found, and it has cured each of one hundred cases without a failure, we have done nothing toward finding cures for subsequent epidemics of the same disease beyond the discovery of the method of finding cures for epidemics in general, if, indeed, we have found this. It is certain that the drug which cured every case of the epidemic twelve years ago, has not since sustained the same relation to any succeeding one, and has rarely cured even in a single case. It will be in place again only when epidemics or cases present a symptomatology like to its effects on the organism, as that did in which it was so uniformly curative.

In proceeding to treat a case of this disease, *i. e.*, to find the specific remedy for its cure, the first caution we should regard is not to allow ourselves to be too much occupied by the central or generic group of symptoms. There is no small difficulty in avoiding this, for here are present the chief sufferings of the patient, and these wholly occupy his attention and that of his friends, and it is these they will constantly thrust before the prescriber, all else to them being of comparatively small moment. For this and other reasons we are to look elsewhere for the controlling facts which decide the choice of curative means. We are to look elsewhere for these facts, because, as we have already intimated, they are not to be found in the central group, and because if we do not find them elsewhere, no one else will find them for us. If others have knowledge of their existence, they have no suspicion of their importance, and they are sure to be passed by as of little consequence. If we do not seek them out and give them their due place in our practical decisions, we treat our case in darkness, and our patient is likely to escape a *cure*, and take his chances for a *recovery*, whatever these may happen to be. We are not only to look outside of this central group for our guiding symptoms, but are to be satisfied with nothing short of gathering every fact from every other quarter, and of whatever kind, and bring them all into our view, and hold them there till we have made our selection of our remedy. In this duty we shall not be embarrassed by the presence of *all* the many peripheral symptoms we have named in a single case. Probably there will be but

few of them. Few or many, here are our guides when we have them once before us.

But the difficulty as to symptoms is not ended when we have progressed only thus far. However few or many of these are found in the case, they are not all of equal importance as indices of its true curative.

We are now to further examine all these, and make selection of those which are most authoritative in the decision of our choice of a remedy. In making this further elimination, we are to be guided by the same general principle which excludes so largely from the process of prescribing those symptoms which belong to all the members of the class. There are, in the peripheral group, those members which are oftener repeated in the progress of successive cases than others. As these are common to many cases, so analogues of them may be found in the pathogenesis of several or many drugs. Therefore there is in these little or nothing which enables the prescriber to decide which of these drugs he is to select for a given case. And just in proportion as the commonness of these symptoms brings them near in character to the generic group, in that proportion they pass out from among those elements of the case he is chiefly to consider. When these have been generally set aside, the first great difficulty in the way of finding a curative is removed. There will remain, then, a group of symptoms, composed of members more or less numerous, which belong to the case as an individual member of the family or class. They are the features by which it is known in the family as a distinct member, and which distinguish it from the other members. In other words, they are the elements of the case which give to it its individuality, and are what we mean when we speak of *characteristic* symptoms, because they, and only they, declare its real character in its relation to its specific curative agent. The office of the prescriber, as such, is little more than finding that drug which in its record of proving on the healthy has been found to produce symptoms like those so found to be characteristic of the case before him. As those symptoms of the case are not common, but peculiar to it, so the similar symptoms of the drug will be found to be peculiar to it, and are what we mean when we speak of the *characteristic* symptoms of the drug. It is in the resemblance between these two classes of characteristics that the divinely ordained law of cure has its existence. And in no one arrangement in nature is the wisdom and benevolence of the Lord given more conspicuousness than

in this. If the diseases of men were to be cured by agencies from without the organism, and the arrangement for this were to be made of such a general character as, when discovered, it should be found to be of the nature and force of *law*, so that the curing process should be one of comparative certainty, and in no case be left to the contingencies of chance, then it is submitted that this is the only possible management that could secure these ends. If this law of curative relationship had been established between those elements of the disease and drug which are common to many members of each class, how could we ever be certain which of the many drugs, characterized equally by similarity to the general elements of the disease, would be its true curative? In this case, it is clear, certainty would be impossible. And by parity of reasoning, it follows that certainty is possible, and not a very great difficulty, if it be found that the law appointed by which these diseases are to be cured has been ordained in the similarity of those elements of the disease and drug which are peculiar to each, *i. e.*, of their characteristics. Careful observation and experience have abundantly taught us that it is just here, where intelligent minds could alone have expected to find it, that the law of cure exists. And more than this: They teach that the application of means to the cure of disease, selected and used in compliance with the requirements of this law, as stated above, is followed by a uniformity of success so great as to warrant its expectation with an assurance little short of certainty.

It only remains, in our consideration of this subject, to show how these general principles are applied to the treatment of particular cases. The object being to find the drug which cures, how are we to proceed, under their guidance, to its discovery? It must be obvious, at the first glance, that the subject, from its nature, admits of no such exposition as will show what the remedy must be for each successive case. The most that can be done is to show how that remedy is to be found. Of course, it cannot be discovered before the case arises which is to be cured, and therefore only a general *a priori* consideration of the details of treatment is possible. In our endeavors to present the true method of proceeding, we shall give representative cases of the disease as allied to particular remedies.

If the case be related to *Aloes*, we shall find, besides the generic symptoms of the disease, some of the following: *Fainting while at stool*—very characteristic of this drug; frequent stools of *bloody water*, the *tenesmus is very violent*; *hunger* during the stool;

shooting and boring pains in the region of the navel, increased by pressure; the lower part of the abdomen is swollen and sensitive to pressure; the distention and movements in the abdomen are more in the left side and along the track of the colon, increased after food; great repugnance to free air, which, notwithstanding, ameliorates the sufferings; cutting and pinching pains in the rectum and loins; heaviness, weariness, and numbness in the thighs. With these symptoms there need be no hesitation as to the choice of Aloes. Many of these symptoms are found with no other drug so far as we know.

If related to *Arnica*, there will be some of the following: Constant sense of fullness and satiety in the stomach, with nausea; putrid and slimy taste in the mouth; taste and eructations like spoiled eggs; bitter and sour eructations; putrid smell of the breath; loud rumbling in the bowels, as if empty; stools of *blood* and *pus*; offensive flatus like bad eggs; swallowing hindered by a sensation of nausea; repugnance to animal food and broths; wishes to drink constantly, but does not know what, all drinks are alike offensive; tenesmus of the neck of the bladder; fruitless urgency to urinate (*Merc. cor.*); bruised pain in the back; painfully increased sensibility of the whole surface of the body; perspiration smells sour. It will be noted how different these symptoms are from those of *Aloes*. There can be no difficulty in deciding between the two in any case. There is just as little between both these and the next we note, which is

Arsenicum.—Here we have sensation as if the *abdomen would burst before the stool*; sensation of *contraction, just above the anus at the stool*; burning in the rectum and trembling in all the limbs *after the stool*; heart-beating and distention of the abdomen *after the stool*; tenesmus, with burning in the rectum and anus (*Caps.*); great exhaustion *after each stool*; stools smelling like old foul ulcers; greenish urine; pains relieved by external heat; bluish tongue; great restlessness and tossing about the bed; face sunken, pale, and the features distorted; perspiration *sticky*; petechial, millitary, and nettle-rash eruptions; cold, dry skin alternates with cold perspiration; pain relieved *after each evacuation*. These are quite characteristic symptoms of this drug, and are easily distinguished from those of almost all others. Of these are to be more especially noted the concomitants *before, during, and after the stool*, the great restlessness and the exhaustion after the stool, as well as the character of the perspiration.

Belladonna is more likely to be appropriate in the early stage of the disease and when the inflammation extends to the serous tissues of the intestines. This is shown by the presence of symptoms which characterize that condition, such as *deep-seated* soreness of the abdomen when pressed on; *hard*, quick pulse; hot, dry skin, with evident congestion of this tissue. In the initiation of the case there may be chills, excited by every motion (*Nux v.*), or frequent alternations of chilliness and flashes of heat, both being transient and in rather quick succession. Other drugs have the sensibility of the abdomen to pressure, as, for example, *Hyos.*, *Nux v.*, *Puls.*, *Sulph.*, and some others. It will be necessary, therefore, to note that the character of the sensibility with *Bell.* is that of excoriation, as if *all were raw* within, and also the febrile symptoms, including the pulse. If these are as we have just given them, there is the strongest reason for the selection of this drug. It is the more certainly indicated if there be a constant pressing to the anus and genitals; if the pains are more in the left side, and are aggravated by bending the body to that side; if there be pains of a constricting character, relieved by bending forward; painless inability to swallow; sensation of dryness in the mouth while the tongue is moist; violent delirium.

If the case call for *Cantharis* with other symptoms, there will be burning in the *anus* like *fire*, after the stool; dryness of the lips, and thirst during the pain; loss of epithelium from the lips, tongue, and palate; vesicles and aphthous ulcers in the mouth and throat. There may be also this peculiarity of the evacuations—like *scrapings* from the mucous surface of the intestines, *streaked* with blood.

Capsicum has thirst after every evacuation and shuddering after every drinking; stool after each drinking; taste like putrid water; tenesmus of the bladder (*Merc. cor.*); pains aggravated by currents of air, though warm; coldness of the body without shuddering; drawing pains in the back, which, with the tenesmus, are continued *after the stool*; thin, adhesive slime mixed with black blood, with twisting pains about the navel. This is one of the most important remedies in dysentery, and is nearly allied to *Nux v.* and *Merc.* We shall give the distinctions by and by.

Colchicum has cramps in the calves of the legs, prolapsus of the anus with the evacuation, constriction of the œsophagus, great swelling of the lower part of the abdomen, frequent shudderings down the back. It is said to be curative when the stools are more mucus than blood, and after sublimate has failed in such cases.

Colosynth.—If there be fruitless efforts to vomit, weakness, paleness, and prostration *after* the stool (*Ars.*); burning pain along the sacral region. The pains are cutting and squeezing and extremely severe, often accompanied by retching and bending the body forward, and are partially relieved by external pressure. With the severe pain there are shudderings on the cheeks, which seem to come from the abdomen, with relief of the pain. The pains are such as characterize neuralgia rather than inflammation of the intestines; they are relieved by *Coffea*, and the relief is followed by immediate disposition to stool. Cramps and cramp-like contractions of the muscles of the body, cold hands, with warm feet. It is oftener appropriate in the early than later period of the attack. There is a senseless practice with some of giving "*Colosynth for the pain*" and other drugs for supposed alliance to other elements of the attack, and these in alternation, according to the fancy of the prescriber, and not in accordance with any known law of nature. All such proceedings are the offspring of imperfect intelligence and can have no countenance from the instructed practitioner. There is another habit of some, who give this drug in all their cases of dysentery from routine or habit. Against both these we protest, as neither in accordance with the requirements of the homœopathic law nor in any way beneficial in practice. The true homœopathic application of this drug in this disease is rather restricted to the few cases than extended to the many. As benefit can only come from its use when it is truly homœopathic, a careful study of its symptoms is urged, and that it be only given where these sanction its use according to law. The other course is only at the expense of the sufferings of the patient, of precious time, and, it may be, of his safety. The possible benefit is not such as to warrant these risks.

Cuprum metallicum if there be severe *retching* with the stool; cramps in the fingers and toes; sweet, ropy saliva; paralytic sensation in the arms and feet; slimy mouth; sweet taste in the mouth; all food tastes like clear water; hiccough; retching, with cramp-like pains in the abdomen; downward pressure in the hypogastrium like a stone; distention of the lower part of the abdomen: hardness of the abdomen with great sensibility to pressure; severe cramps in the abdomen and upper and lower extremities; comatose sleep after vomiting.

Mercury has cuttings in the lower part of the abdomen at night. The abdomen is externally cold to touch. Cutting stitch in the lower part of the abdomen, from right to left, and aggravated by walking; fecal taste in the mouth; putrid taste in the throat; salt saliva; nausea with vertigo; obscured vision, and flashes of heat; offensive perspiration. The pains are increased *before* and *during* the stool, with violent tenesmus. The pains are rather increased than diminished *after* the stool, and sometimes then extend to the back. The tenesmus as well as the pain is continued *after* the stool. *During* the stool hot sweat on the forehead, which soon becomes cold and sticky. Drawing pains in the lower extremities, which impel to frequent changes of position; dry, cracked lips. The discharges are excoriating.

Mercurius cor.—This drug has been more used, empirically, by some physicians of our school in the treatment of dysentery than any other. We say empirically, because there is no such proving of it as will direct its use otherwise. In the brief proving given by Hahnemann, there is a single statement of a group of symptoms which belong to the generic symptoms of this disease, and this is all. Still, some have claimed to cure every case of dysentery presented to their practice by this drug alone, in a time and manner quite satisfactory to themselves; others have been less successful with it, and some have realized little of good from its use. If it is difficult to reconcile these discrepancies in practice, it is not permitted us to doubt their actual existence. For many years in my own practice I gave the drug very many times, in different preparations and different potencies, without in any case being able to see that any good resulted. The same uniform want of success attended its use in the practice of several of my friends. It became certain to my mind that the clew to its right place in the treatment of the disease was wanting. Specific symptoms in the materia medica were wholly wanting. That the drug had some relation to the disease there could hardly be a doubt. But what, and how was it to be ascertained? In vols. I, II, and III of *Frank's Magazine*, cases of poisoning are reported from which same symptoms have been obtained, which possibly may have some value in aiding us to answer the question. It is not to be forgotten that while symptoms of real value may be derived from such cases, as a rule they occupy the lowest place in the modes of proving drugs. The disturbances in such cases are violent, brief, and destructive, and often before there has

been time for the development of those specific symptoms most characteristic of the drug, and therefore of the greatest value in practice, life itself is destroyed, and only the more common symptoms of poisoning are observed, and the whole is of little practical value. The following symptoms have been extracted from these cases and may be worth our attention as undoubtedly having been results of the action of the drug:

Cold face and hands, with small and feeble pulse. Lips dark red and swollen. All the pains, but especially those of the rectum, are aggravated by motion. Pulse small, hard, and frequent. Coma. Cramps in arms, hands, and fingers, legs, feet, and toes. Faintings. Weakness and shuddering in the limbs. The limbs as if bruised and trembling. Great anxiety and palpitation of the heart. Wandering shiverings. Sensation of coldness, pale face, and slight nausea. Coldness of the lower part of the abdomen. Abdomen tense, hard, and sensitive to pressure, especially about the navel. Obstinate sleeplessness. Dysphagia. Astringent, metallic taste in the mouth. Great prostration. Great prostration after the vomiting of food. Hiccough. Frequent eructations. Painful pinchings in the stomach. Spasmodic, watery vomiting, without previous nausea. Severe shooting pains in the stomach and liver, with vomiting of bile. Drinks are immediately vomited, with great effort, mixed with tenacious, stringy mucus. Severe pains in the rectum which continue after the discharges. The fruitless urgency to stool increases the pains. Pain extends from the navel to the back. Distention of the abdomen, with borborygmus. Evacuations very offensive. Suppression of the secretion of the urine. Retention of urine.

In addition to the above symptoms and in harmony especially with the two last, it may be remembered that Prof. Carroll Dunham some years since, after disappointments in the use of sublimate similar to my own, found it promptly efficacious in cases complicated with urinary tenesmus. My own experience has since confirmed his judgment that the particular province of sublimate in dysentery is in the treatment of cases with this peculiar complication. It may have other specific relations to this disease which remain for some other Dunham yet to discover. I have found it curative in cases with *suppressed urinary secretion*.

Nux vom. has small, frequent evacuations, with violent tenesmus; pressing pains in the loins and upper part of the sacral region, with

sensation as if broken; great heat and thirst, with redness of the face. The importance of this drug in the treatment of dysentery is hardly second to that of any other. That is to say, the proportion of cases in practice which call for this remedy is as great, to say the least, as that which shows relationship to any one other drug. The resemblance of the specific symptoms by which this and one or two other important remedies are related to the treatment of this disease is so great that to the beginner there is often no little difficulty in deciding as to which the preference is to be given in a particular case. Take, for example, *Caps.*, *Merc. sol.* and *Nuc vom.* and we have a group of remedies equal to the cure of a large majority of cases as they occur in this latitude. But it is by no means a matter of indifference which of the group we shall give to any one case, or whether, indeed, we shall give either of them. The difficulty of selection between these three is chiefly in the great resemblance of their symptoms. This is so great that many have been left to the only resort they knew, that of giving them in succession, if the right have been missed. This ought not to be and need not. Care on the part of the practitioner and memory of the distinctions we are about to give will make a mistake impossible. This is here the more to be insisted on, as the use of the wrong remedy not only protracts the torture of the patient, but renders his cure more difficult, if not uncertain, by the use of that which is right subsequently, a danger we cannot too carefully avoid.

These drugs are alike in the character of their evacuations, the quantity of each being small with each discharge. The discharges of each are preceded by similar severe pains, which are continued through the period of the evacuation. In all they are attended by severe tenesmus. In all they recur at short intervals, with pains *extending to the back*. The above are the similarities. The following are the differences: With *Nuc vom.* the pains, especially those in the back and the tenesmus, *cease with the evacuation*. Those of *Caps.* and *Merc.* are continued *after*. The pains of *Nuc v.* in the *back* are pressing, as if broken, and like a bruise. Those of *Capsicum* are drawing. Those of *Merc.* like a bruise. With a recollection of these facts and a careful attention to the symptoms given of each of these remedies, there need be no confusion in prescribing them because of their resemblances.

Plumbum has great violence of tenesmus; frequent and almost fruitless efforts to stool; cutting pains, with violent outcries; retraction

tion of the abdomen: constriction and retraction of the anus. *Prolapsus ani*.

Pulsatilla belongs rather to dysenteric diarrhœa than to true dysentery, but may be appropriate in cases with slimy evacuations, slight tenesmus, and nocturnal aggravations.

Rhus tox.—This remedy is rarely called for in the early stage of the disease, but is often valuable later in the attack, especially when there are nocturnal exacerbations, and also in the diarrhœas which sometimes follow dysentery. The case is marked for *Rhus* if there be constant tenesmus and urging to stool, with nausea and the passing of but little bloody water. It is appropriate also in the late stage of the attack, with nocturnal aggravations.

Sulphur has spasmodic constricting pains, extending to the chest, groins, and genitals; cutting pains while urging at stool; from pressure on the abdomen or bending the body backward; *prolapsus ani* at stool; cutting pains in the abdomen, lower part of the loins, and upper part of the sacrum after midnight; pains relieved by the application of dry heat to the abdomen; the blood in the stool is in streaks. *Sulph.* is especially appropriate in cases attended with difficult breathing at the outset and also in those of hæmorrhoidal subjects. It is seldom in place at the commencement of an attack, but in the later stages is often of great value, and even at times indispensable, especially in cases threatening ulceration of the mucous surface of the intestine. When this great evil has actually occurred *Sulph.* is still one of our chief reliances for a cure, and in this state is related to *Arn.*, *Ars.*, *Lach.* and *Merc.* In selecting either of these remedies in a given case careful attention is to be given to the specific symptoms of the case and the drug before the decision is made, and of these the general or constitutional symptoms are to be regarded as of the first importance. There are, to be sure, differences in character of the discharges of these drugs which are to be noted, but they are not more important than those general and too often overlooked symptoms which in many cases are the only sure guides to the true remedy.

A review of the symptoms of the different remedies we have given above, with a recollection of what we have said of generic and specific symptoms of the disease and the drug, will make easy a clear understanding of the true nature of the specific treatment of this and other diseases. It will be seen in these groups of the symptoms of the different drugs that there is little of resemblance between those

of one drug to those of either of the others. There are almost no repetitions of the symptoms of one drug in those of any of the others. This makes certainty of knowledge of the true remedy, under the guidance of the law of similars, a comparatively easy matter. That which is like in the disease to either of these groups is not like to either of the others. Look at the symptoms of the three first remedies in the list—*Aloes*, *Arn.* and *Ar.* There is no resemblance. Take the generic symptoms of this disease as they stand represented in the same drugs, and the resemblance is so great as to make uncertainty inevitable. It is still worse if we take that other most important group in the treatment of dysentery, *Caps.*, *Merc.* and *Nux v.* It is impossible to distinguish between these symptoms as they are found in the pathogenesis of these drugs. But with the peripheral or specific symptoms there is no difficulty at all, and it is chiefly under the guidance of these, according to the law of cure, that we secure the greatest safety and success.

CHAPTER II.

DIARRHŒA.

The affections which pass under the above denomination are exceedingly various in their causes, characteristics, importance, and curative relationships. The object of the present paper is not to present an exhaustive view of the subject in these particulars, but to give such an analysis of them as will facilitate their successful treatment, especially by those who are comparatively inexperienced in the practical duties of our profession. To such, in the beginning, one disease is very like every other which is called by the same name. It is only after many painful buffetings and sore disappointments that he comes to suspect that *names* are not *things*, and finally to see clearly that many conditions, called by the same name, are so different in their characters as to be essentially different affections.

In his elementary education he has been taught to treat *names*, or, as it has been expressed—with a seeming scientific wisdom—“*diseases* ;” and for such and such *diseases* he is to do so and so, and he does it with conscientious carefulness and confident expectations of the promised result—a cure. This does not always follow, and repeated disappointments, by and by, remove the delusion derived from his master. Then he has one of two courses before him: either

to settle down into professional skepticism, or, if he be able and willing, to work out for himself a better faith, which shall rest on ascertained truth, can bear him up in his toils, and justify his confidence by a reasonable success. The first expresses the history of many earnest and honest young physicians who would have been lights in the world if they had not, in the outset, adopted a false faith and attempted to practice upon a false principle. Upon a discovery of this error, they jump to the other and greater—that there are no true principles in medicine. To them, all are equally false. They become the Micawbers of the profession—the expectants. He who will honestly follow the second course will soon discover that the great duty of his life has been much misrepresented and misconceived. He is not to treat *diseases, names, things*—imagined somethings, which have somehow found their way into live humanity and made it suffer and perhaps are bringing its existence into peril. He will realize after a while, though not perhaps immediately, that that with which he has to do is not an entity which somehow has effected bodily entrance into his poor patient, like demons into the possessed, though all surrounding and sympathizing friends regard the matter somewhat so, and fully expect him to exorcise the intruder.

He will find that what he has to treat is the patient himself, and not an extraneous intruder within him. Till he is fully master of this fundamental principle, and in its light has abandoned all thought of treating diseases as something distinct from the patient, he is in no way qualified for the practical duties of the high calling to which he has devoted himself. He is to treat sick men, women, and children—*patients*, and not *diseases*. It may be late in the history of practical medicine to inculcate this principle. No doubt it is. But its truth and importance will admit of no longer postponement. Delay has neither diminished its truth nor value. Rightly appreciated, it at once disposes of that complacent piece of arrogance which has asserted a superior science in the old school of our profession, because that school treats *diseases*, while ours treats only *symptoms*. This principle clearly asserts the fact that true science treats patients, and *not* diseases. It may be, and probably is, true that the old school treat diseases, or attempt this, and think they succeed, but it is not true of ours that when we rightly appreciate and practice its doctrines, “we treat only symptoms.” If there be one more false than another among the slanders by which the homœopathic school has been assailed, it is this. When rightly

practiced, Homœopathy is cognizant of all those facts in relation to the patient which constitute the difference between the man sick and the man in health.

What, then, is disease? It is only a *condition*, not a *thing*. It is the sum of whatever modified actions of the vital forces, by which that harmony is lost which conserves the integrity of all parts of the living organism. A knowledge of the totality of these modifications constitutes the science of *pathology*. A knowledge of the results of these modifications, of their products and changed tissues, constitutes the anatomy of pathology. To call these *the disease*, as many have done, is no less absurd than to call the residual contents of the intestines *digestion*. An analysis of these modifications, a resolution of them into their elements, is the first step in the process of all right prescribing. By this proceeding only can the elements of a given case be exposed, so that it can be seen what is individual in it is characteristic of this member of a class, and these elements be separated from those which are generic, *i. e.*, belonging equally to all members of that class; a distinction without which a life of prescribing for the sick is a life in the dark.

If this be so, it may be asked, what is the value of a nomenclature of diseases? Why attempt to name them at all? The answer is, It is a convenience in the expression and interchange of ideas—indispensable, if you please. By the name is simply meant to announce a group of phenomena which are found in a given class of affections and which belong equally to each member of the class, and which distinguish it from all other classes. Thus, by the term at the head of this article is meant to express in one word the following group:

Frequent discharges from the intestines of feculent, secreted, or undigested matter. It may be of either alone or of either two or all of them mixed. We propose in this paper a brief analysis of these affections, in order to their more ready homœopathic treatment.

In order to this we observe that these frequent discharges are farther diversified by the following peculiarities, which are important to be noted in the selection of a remedy for their cure. They are *painful* or *painless*. The secreted discharges are *mucous*, *serous*, or *purulent*. These and the feculent are further characterized by difference of *color*, as *black*, *brown*, *gray*, *green*, *red*, *white*, and *yellow*; and by difference of odor, as of *spoiled eggs*, *putrid*, *acid*, etc.; and also by difference of time and circumstance by which the affection is either excited or aggravated.

The first element of the above analysis, the painful diarrhœas, are related to curative drugs by this quality, in different degrees; *i. e.*, some drugs produce diarrhœas with intense pain, others with less severe, and others again with pains still more moderate. These distinctions are to be noted in selecting the curative drugs. Thus, for those with severest pains we have Ars., Coloc., Jalap., Rheum, Rhus tox., Senna. For the second class Bryonia, Carbo veg., Caps., Cham., Dulc., Mere., Nux vom., Petrol., Puls., Sulphur and Verat. For the less painful, Agar., Aur. mur., Anac., Asaf., Asar., Spig. The painless diarrhœas are related to drugs also in different degrees, *i. e.*, some medicines are more and some less characterized by them, and so are more or less frequently required for their cure. There cannot be, as in the previous class, degrees of this peculiarity, but only a difference in the degrees of tendency of the drugs to produce this kind of affection. In the first rank we may place Ars., Ferr., Hyos., Lyc., Phos., Phos. acid., Stann. Second, Bell., Cham., Chel., Chin., Opium, Plat., Sulph. Third, Borax, Bov., Calc. c., Carb. an., Cocc., Dulc., Graph., Hell., Ign., Laur., Mag. c., Merc., Nit., Nit. acid, Puls., Rhod., Rhus tox., Sec. corn., Verat., Zinc.

In a given case to be prescribed for, it is ascertained to be painful or painless, and after reference to the list of drugs and to their classes, as above, how are we to determine the one required for the cure? By the continuance of the analysis to the other elements of the case. And, first, consider the character of the pain, and, second, the locality of it. Pains with the diarrhœa may be burning, cutting, constricting, pressing, dull, excoriating, etc. It would exceed the limits proposed to go into a statement of all the medicines which produce these different pains, with their affections of the bowels. It may be sufficient for the present purpose to point to them generally. Thus, diarrhœas with *burning* pains, Ars. and its cognates. But Ars. will not cure all cases with such pains. Neither is it always the best remedy for some cases which perchance it may cure ultimately. If, for example, the *burning* be confined to the lower part of the rectum, and is accompanied by throbbing and sense of excoriation, with pain in the back, continuing after the evacuation, Capsicum is the remedy, and Arsenic will probably fail to relieve. This very familiar example is given to show the necessity of carrying the analysis of the leading features of cases forward to all their relations if we would secure the best possible results of our prescriptions with certainty. We can never neglect this with safety to our patient or with honesty of practice.

With *cutting* pains, Coloc. and its cognates. With Coloc. the pain is relieved by the evacuations, is very sharp, doubles the patient up, is accompanied with outcries, and often with slight nausea; the pains are more paroxysmal than with *Ars.*, which in relation to cuttings in the intestines it much resembles, and are rather of a neuralgic than inflammatory character. With *constricting* pains, Plumb. and its cognates. With this remedy, and also with *Podophyllum* there is not only a sense of constriction, but a real retraction of the parieties of the abdomen. With pressing or squeezing pains, *Nux vom.* and its cognates. With this remedy the pressure is more in the upper part of the abdomen and sides. With pain like *excoriation*, Sulphur and its cognates, as *Ars.*, *Bell.*, *Nux vom.*, etc.

The *locality* of the pain is important in this investigation. Different drugs affect different portions of the alimentary track painfully. Some, as *Senna* and *Jalap*, attack the upper portion, or the small intestines chiefly; others, as *Aloes*, *Nux vom.*, *Caps.*, *Merc.*, the larger; while still others, as *Ars.*, *Colch.*, *Verat*, etc., affect the whole track. A careful attention to the pathogenesis of the drugs will enable the student to ascertain the peculiar local action of each, and to avail himself of this knowledge in his attempts at specific cures of diarrhœas. This study he cannot omit, if he is ambitious of the best success in his practice. Whether the remedies named above or either of their cognates are to be selected in a given case, is to be decided after having reference to the above peculiarities of the pain, by consideration of the remaining elements of the analysis. And of these, the next to be considered is the character of the expelled contents of the intestines. They may be *feculent*, *mucous*, *serous*, or *purulent*.

For *feculent* diarrhœas we have *Aloes*, *Pod.*, and *Rheum*.

Aloes has both yellow and brown color.

Pod. yellow and dark green. The diarrhœas of this remedy are often accompanied by *prolapsus ani*, especially in children, and for this complication it is one of our best remedies.

Rheum—Feces mixed with green slime.

Mucous diarrhœas may be *brown*, *green*, *red*, *white*, or *yellow*.

For the *brown* we have *Ars.* and *Nux v.*, the *Ars.* being characterized by a mixture of mucus and feces; that of *Nux v.* is brown, offensive, and slimy.

Green mucus has *Ars.*, *Amm. mur.*, *Canth.*, *Cast.*, *Laur.*, *Mag. c.*, *Merc.*, *Nux v.*, *Puls.*, *Rheum*, and *Tabac*.

The practitioner will use great caution in prescribing for this class of diarrhœas, in his search into the constitutional and related symptoms of his cases, if he would avoid disappointment and doing his work twice or thrice over. This is especially to be observed in the case of the two remedies in the class more frequently prescribed than any others, viz.: *Ars.* and *Merc.* The habit of hasty, and therefore, careless, prescribing, so easily contracted and so common, may be a sufficient apology for saying that cases requiring either of these drugs will certainly disclose other and characteristic symptoms of the one to be selected if the examination be diligent, careful, and intelligent. This is not only true of *Ars.* and *Merc.*, but of each of the other members of the class, and the observation may be extended to every other symptom of every other class of this disease. No case is made up of one symptom, however marked or important, and it is not unfrequent that the controlling characteristic of a case—that element more decisive than any one other of the selection of the curative drug—is just that which carelessness and haste are very likely to overlook. These observations are made in connection with the two named remedies, because failure with them, in this class of diarrhœas, is too common.

Diarrhœas of *red mucus* are related to *Merc.*, *Rhus*, *Sil.*, *Sulph.* The distinction of these four remedies in their application to *red mucous* diarrhœas is not difficult. *Merc.* has plain red mucus, with the characteristic pain and tenesmus of Mercurial diarrhœas; *Rhus* has a mixture of blood and slime, with red and yellow mucus, and all rather thin; *Sil.* has red mucus *with the stool* of which it may or may not constitute the major part; *Sulph.* has red mucus *with fever*, loss of appetite, and cutting pains in the bowels.

White mucous diarrhœa has *Cham.*, *Dulc.*, *Phos.*, *Pod.*, *Puls.*

After a proper consideration of the general symptoms, if there be doubt as to which of these medicines is required for a given case, it may help to remember that the affection requiring *Cham.* is painful, and is more frequent in the affections of childhood than of adult life. That for *Dulc.* is attended with prostration of strength; with *Puls.* the mucus is *acid*; with *Pod.* the diarrhœa occurs for the most part mornings or forenoons, the pains in the abdomen and back are worse *during* the evacuation and continue *after*. The discharges are excited by eating and drinking. With *Puls.* the pain is *before* the evacuation, is likely to be attended with much rumbling of the bowels, and the peculiar disposition of mind so characteristic of this drug.

Yellow mucus has Dule., Pod., Rhus, Sulph. acid.

Dulcamara is especially indicated where the color of the slimy stools frequently alternates between green, white, and yellow, and the desire to evacuate is attended with *nausea*, or where the attack is the result of *chill*. Podophyllum is called for when the yellow color is *dark* and the evacuation has the *odor of carrion*; with Rhus the stool is *mixed* sometimes with *blood* or *red slime*, or consists of bilious-looking matter, and all *very thin*. In Sulph. acid the stools are like chopped mucus, saffron yellow and stringy. The above examples of the first step in the analysis of the evacuations in diarrhœa are given not as instances of the completed process in this first step, but only as illustrative of the mode of procedure in relation to the two elements of *nature* and *color*. It is not enough that the discharge be *mucus*, nor that it be also *green* or *yellow*, to decide the choice of the curative. We must know more, even *all* the peculiarities of the evacuations, and much more than this, as will be seen as we advance. For it is not to be forgotten that the object is not so much to put into the hands of practitioners a "short and easy method" by which all cases can be cured with little or no labor on their part, as to point out the way in which they may obtain a success worthy of the system of medical science we profess to practice. If our object were otherwise, its folly would be rebuked by the first glance at the nature of the case. The object of the practitioner is to find in the pathogenesis of a drug the simillimum of the sum of aberrations of the vital forces in a given case from that state of harmony we call health. These are so various in their nature, importance, and combinations, and so numerous withal, that any attempt to make the labor of an exact practice "short and easy," *i. e.*, to find this simillimum, could hardly be otherwise than absurd in the extreme. The number of possible elements in any case is great, and may be very great, and the variety of combinations they are susceptible of is scarcely less than infinite. It is evident, hence, that there can be no such method of ascertaining from the scarcely less infinite record of facts of which our materia medica is composed, the parallel of a given case, except by the exercise of patience and diligence. How to direct these, by pointing the way through the medium of the more general and common elements of cases, is our present endeavor, and in its furtherance we consider:

Watery diarrhœas, which are found to be *black, green, gray, yellow*; and nearly allied to these, are the *brown fluid* and *black fluid*.

Black watery diarrhœas have Ars. and China. At this point these remedies are in close resemblance; so near that from the *black water* alone, no man can tell whether the one or the other is required. But a careful consideration of the other elements will render the selection easy. As a general truth, the prominent effects produced by Ars. are characterized by *violence*, and, among them, this is eminent in its effects on the alimentary canal. Now, the difference between these members of this class of diarrhœas which decides the choice of the remedy between Ars. and China is in the violence of the symptoms to be considered. The pain, burning, restlessness, prostration, cold sweating, etc., are all greater in cases requiring Ars.

Black fluid diarrhœas have Stann. and Ars.; the latter burns like fire.

Brown fluid have Arn., Asaf., Graph., Magn. c., Nux v., Psorin., Squill.

The discharge which in this class is peculiar to Arn. resembles yeast or lees of beer. In Asaf. the evacuation is *extremely* and *nauseatingly* offensive. In Graph. it is in part made up of half digested substances, and of insupportable fetor. Magn. c. has a *liver-brown* colored discharge, with tenesmus, followed by burning in the anus. It is characteristic of this, and all the varieties of diarrhœa produced by Nux v. that the evacuations are *small in quantity*, they are more frequent in the morning and after eating, and are for the most part accompanied by tenesmus and pain in the *back* of a *drawing* character. In this variety there is also smarting and burning in the anus. In Psorin. it is *dark* brown, very thin, and offensive. In Squill. it is *dark* brown or even *black*, slimy, very offensive, and *ejected in frothy bubbles*, with flatulence, and sometimes with ascarides and whitish shreds.

Green watery diarrhœas are met by Cham., Gratiola, Magn. c., and Sulph. acid. It may not be out of place to remark here, in relation to this class of the affections under consideration, that it is perhaps more frequently misunderstood and, therefore, more frequently wrongly treated than any other. Much of the disappointment necessarily consequent on such a course may be avoided by remembering, in the first place, the too often overlooked, but vastly important, necessity of making the *first* prescription a *right* one; and in the second, that Ars. does *not* cure this variety of diarrhœas. If there be any exception to this, they are cases where

the remedy accomplishes the result by virtue of its characteristic relationship to the *constitutional* symptoms of the case. Of this we may have more to say hereafter. It has not been an unfrequent experience of the writer to see cases of this variety of diarrhœa, in consultation, and among them, the most intractable to treatment have been those which had *Ars.* as their *first* medicament. That this has often proved a serious embarrassment to the subsequent successful management of these cases he has no doubt. The frequency of this false prescription is, perhaps, explained by the force of habit. *Ars.* cures so many forms of diarrhœa that the frequent demand for its use creates a kind of *habit* of prescribing it. Against this we protest.

The cases for *Cham.* are for the most part those of early childhood, during the process of teething and from taking cold. The green watery passages are often mixed with *fæces* and *mucus*. The *green* and *frothy* evacuations of *Grat.* may be watery or thin fluid or slimy. It is a remedy worthy of more attention, in diarrhœas, than it has generally received, especially with those of children, in the summer season. Those of *Magn. c.* are preceded by pinching pains in the bowels, especially in the right side, with distended abdomen, and mostly in the forenoon, and may be both sour smelling and frothy. *Sulph. acid* is frequently the right remedy in this variety of diarrhœa. In the absence of the characteristic signs of the other medicines, it may be given in preference, and especially if there be great prostration of strength with irascibility of temper.

Yellow watery diarrhœas are met by *Ars.*, *Chin.*, *Grat.*, *Hyos.* They may be found in the pathogenesis of a few other drugs, but the four above named are the principal remedies, and rightly used will succeed with most of these cases. Here, as in the *brown* variety, *Ars.* and *Chin.* are near together. Both have attacks more frequent at night and after eating and drinking, with great prostration. But *Ars.* has *tenesmus*, *Chin.* has not. *Ars.* has thirst with diarrhœas, *Chin.* has not. *Ars.* has a painful constriction above the anus, extending to the loins. With *Ars.*, in this variety, the discharges are *small*, while in many others they are copious. But if, as is not at all unlikely, the peculiar and distressing *restlessness* so characteristic of *Ars.* be present in any case, there need be no hesitation in the choice between the two drugs. The yellow watery diarrhœa of *Grat.* is painful, copious, and frequent, preceded by rumblings and cuttings in the abdomen, and nausea. The pain is

not relieved by the evacuation, but is by the escape of flatulence. Opposed to this is Hyos., which has similar discharges, *without pain*, often involuntary, and unnoticed in the bed, and is wanting in the extreme offensiveness of those of Ars. and Chin. It is so like one form of diarrhœa frequent in abdominal typhus that the most careless can hardly overlook it as a remedy of prime importance in this most dangerous malady. In such cases the choice will probably be between Ars., China, and Hyos. In Ars. the evacuations are *small*, and perhaps painful, burning, and offensive. In Chin. they are more copious, and in the elements common to the two, less in degree, and Chin. lacks the restlessness already spoken of; while Hyos. is almost the opposite of both in all, except that the three have in common the yellow, watery discharge. In this form of typhus, if the general symptoms, and especially those of the intelligence, delirium, etc., are like those of Hyos., this remedy should certainly be given, and not *soon* changed for *any* other, but for the stronger reasons. To the above may be added Thuja as worthy of attention in these diarrhœas, especially when copious, with gurgling, like that when a full vessel discharges its contents from the bunghole, great prostration, short and difficult breathing, anxiety, intermittent pulse, pressing pain in the back, opposite the epigastrium, and rapid emaciation.

Gray or whitish watery diarrhœas have Cast., Merc., Phos., and Phos. acid.

Cast. preceded by rumblings, gurglings, croakings, with pinchings and cuttings in the bowels, for the most part in the evening and night; Merc. with cutting and tenesmus; Phos. with great exhaustion and Phos. acid with little or none.

Purulent diarrhœas are met by Ars., Bell., Calc., Canth., Chin., Cocc., Kali c., Lach., Lyc., Merc., Puls., Sep., Sil., and Sulph. and some others. The most important of these, in this class, are Ars., Canth., Lach., Lyc., Merc., Puls., Sulph. With Ars. there is a mixture of *blood* and *pus*. Lach. has also mixed pus and blood with gnawing, shooting, cutting pain in a hard swelling in the abdomen. Merc. *chill between*, and flashing heat *during* the stools. Tenesmus characterizes most diarrhœas by this drug, and there is also great uneasiness *before* the stool, and with many cold perspiration *on the face*, anxiety and trembling *before* and heart-burn and bitter eructations *after* the stool. The pains, especially those in the back, and tenesmus are continued *after* the stool. Sulph. has mixed blood,

mucus and pus, and the blood is likely to be in streaks. The above brief analysis of the *nature* and *color* of the evacuations in these different examples of diarrhœa is given only as an illustration of the method of proceeding in the first step of an attempt at making a specific prescription.

ODOR.—This may be either simply offensive, or it may be characterized by a specific quality, capable of more specific designation. Of those diarrhœas, which are simply offensive, some are more and others less so. Those in which this characteristic is most intense are met by Arsenicum, Asaf., Carbo v., Graph., Puls., Sec. corn., Sil. and Sulph. Ars. is characterized as like *stinking ulcers* and as putrid. Asaf. as brown and *disgustingly offensive*. Carbo veg. like *putrid flesh*. Graph. is light or brown colored, half digested, thin, and intensely stinking. Sec. corn. has extremely offensive, colliquative diarrhœas. Sil. *small*, liquid, *putrid*. Sulph., on the contrary, is copious and putrid. All the secretions, under the action of Sulphur, are likely to become offensive in the odor. The same is true of the *carbons*. The class of diarrhœas which are less offensive are met by Bry., Calc. c., Cham., Chin., Dulc., Nit. acid., Nux v., Pod., Squill., Staph., Stram. Bry., like spoiled cheese; Calc. carb. and Cham. like *putrid eggs*, that of Cham. being *hot* and *excoriating*. Nit. acid., putrid, with putrid flatulence. Nux v., putrid. Pod., putrid, dark yellow slime. Squill., brown slime expelled in bubbles.

Acid smelling have Calc. c., Cham., Graph., Mag. c., Merc., Rheum, Sep., Sulph. Of these, Calc. and Cham. belong especially to the diarrhœas of children. That of Graph. is accompanied by burning in the rectum. Mag. c., different varieties of diarrhœa of children. Rheum has papescent, acid evacuations, with shuddering, and followed by renewed inclinations and gripings in the bowels. Sep. acid and green, with children.

Frothy diarrhœas have for their cure Calc. c., Canth., Coloc., Mag. c., Merc. or Pod., Rhus, Sulph., and Sulph. acid. With Calc. the evacuations are involuntary. Canth., liquid, feculent. Coloc., thin, yellow, and moldy smelling. Mag. c., green and frothy. Merc., dark green. Opium, has fluid, frothy evacuations, with itching burning of the anus and tenesmus. Pod., frothy and slimy. Rhus, thin, yellow, odorless, painless, and involuntary. Sulph., nights, and with tenesmus. Sulph. acid., with burning in the rectum.

Involuntary diarrhœas have Arn., Ars., Bell., Bry., Colch., Fer., Hell., Hyos., Lach., Mur. acid., Nat. mur., Nux v., Phos., Phos. acid.,

Rhus, Sec. cor., Staph., Sulph., Verat. Of these the most frequently called for are Ars. With this remedy the evacuation is both involuntary and *unnoticed*. Chin., it is thin, yellowish, and slimy. Phos., Phos. acid., it is pappy, bright yellow, and is passed with a sensation as if wind were about to escape (*Aloes*). Verat. has also this last peculiarity of unnoticed evacuation with the escape of wind. Of the other remedies named above, Arn. has involuntary evacuations at *night* in sleep. Bell. and Hyos. both have this variety, as if from paralysis of the sphincter ani. Colch. has watery diarrhœa, the evacuations of which escape without sensation to the patient. Laur. has unnoticed and involuntary evacuations, and in this symptom is very like Bell. and Hyos. It has actual paralysis of the sphincter. Rhus has sudden, thin, yellow, frothy, odorless, and painless, involuntary as from paralysis of the sphincter. Staph. has thin, unnoticed discharges, with sensation as if gas were to escape. Sulph., the stool escapes suddenly and without control; the patient has hardly time to leave the bed.

Undigested food, passed with alvine evacuations, is found for the most part in cases which come within our definition of diarrhœa, and which are related to Ars., Bry., Chin., Fer., Merc., Oleand., Phos., Phos. acid., and Pod., and in a less degree to some others. There are cases in which undigested substances are evacuated and which may be subjects for medical interference, which do not come within this scope. With these we are not at present concerned. But in cases which do, how are we to decide which is the right curative? By a reference to the *Materia Medica* the mention of this symptom is found to be so nearly in the same words, in the record of many of the above medicines, that if this alone be depended on, there can hardly fail to be not a little embarrassment and frequent disappointment. Take three of the principal of them, *i. e.*, those more frequently prescribed and successful than many others, *viz.*: Ars., Chin., and Ferr., the one word undigested is all, with the first and third, while with Chin. it is added especially at night and immediately after eating. Under Bry., Merc., Phos., Phos. ac., and Pod., the phraseology is the same as with Ars., and there is no additional help from the mention of any circumstance or condition which in any respect characterizes the symptom as manifested by either of these drugs. In the record of Oleander it is said that the food eaten the evening before is passed undigested while it seemed as though wind only was about to escape. If its administration be limited to cases thus characterized, its use can hardly be frequent.

How then are we to proceed? By a careful consideration of the other elements of the case, giving special attention to those which are general or constitutional, *i. e.*, the symptoms outside of the elements of the diarrhœa. For it is never to be forgotten that we are prescribing for the *man*, not merely for that group of phenomena we have, for convenience, consented to call diarrhœa. It is not uncommon that the fact which removes all difficulty and decides beyond doubt the selection of the right remedy is found outside this group. In this statement is an important principle in practical medicine which we hope to elucidate more fully on a future occasion. On this, it will be enough if we can establish the truth in the minds of all that true prescribing can only rest on a thorough analysis of *all* the elements of the case, both general and special, no one excluding others, though, as above stated, one symptom may so far throw light on others as to remove doubt in the choice of a remedy. This is not to say that all symptoms are equally important in their bearing on the selection of a curative, but that none are to be overlooked, for till considered carefully in itself and in its relations, we must be in ignorance of the true value of any, and perhaps of every, symptom. A careful consideration of the constitutional symptoms and general conditions is not limited to cases of undigested evacuations. It is a duty which is integral in every true prescription.

Acrid diarrhœas, those in which the evacuations irritate the external parts with which they are brought in contact, are a class too important to be passed without notice. They are related to many drugs in the action of which this quality of the evacuations is evinced in different degrees. The most acrid are from *Ars.*, *Chin.*, *Ign.*, *Merc.*, and *Puls.* The next in severity are *Ant. crud.*, *Cham.*, *Dulc.*, *Fer.*, *Graph.*, *Kali c.*, *Nux vom.*, *Phos.*, *Staph.*, *Sulph.*, and *Verat.* And in still less severe are *Acon.*, *Alum.*, *Nat. mur.*, and *Sabina*. This difference in the intenseness of a symptom is often of great importance and never to be overlooked. With some drugs intenseness seems to characterize most of their actions on the organism, and this goes far at times in individualizing those drugs. *Ars.* is an eminent instance of this; and no one need fail to distinguish between the painful rawness of the surface around the anus, characteristic of the drug, and the slighter and comparatively insignificant irritation of *Acon.* Rightly to appreciate this quality of symptoms, and always to give it its just place in a prescription, is an accomplishment of the master, and with him it is an element of

great power. It can be cultivated by all, and be carried to a degree the tyro is not likely at first to suspect.

There are, however, other differences in connection with this symptom, expressed in the pathogenesis of some of the above drugs, which are so far our guides, though often we may be left to the significance of general or other special elements of the case. Thus, *Ars.* has *black*, burning, excoriating evacuations, with restlessness. *Merc.*, *dark green*, with pressure in the abdomen. *Puls.*, soft evacuations in the morning.

The above are the chief elements of analysis of the nature and character of the evacuations in the different forms of diarrhœa. We have next to look at the time, the circumstances, etc., by which attacks are excited or aggravated. And first as to the time: In the morning are *Aloes*, *Ant. crud.*, *Alum.*, *Aur.*, *Amm. carb.*, *Borax*, *Bov.*, *Bry.*, *Carb. an.*, *Dig.*, *Grat.*, *Iod.*, *Kali carb.*, *Lyc.*, *Mag. c.*, *Mur. acid*, *Nux v.*, *Phos.*, *Pod.*, *Puls.*, *Sec. cor.*, *Staph.*, *Sulph.*, *Thuja*.

With *Aloes* the evacuations are copious and pappy. *Alum.*, semi-fluid, preceded by colic. *Amm. carb.*, small, with excoriating and bruised pain in abdomen. *Borax*, painless, followed by slimy and bloody discharges. *Bov.*, pain in the abdomen like that of ulceration. *Carbo an.*, pinchings in the abdomen, before and after, burning in the anus like fire. *Kali c.*, watery, preceded by colic. *Lyc.*, three to four o'clock, with colic and tenesmus. *Mag. c.*, followed by burning in the anus. *Nux v.*, small, dark, excoriating. *Phos.*, semi-fluid, with rumbling. *Puls.*, soft, excoriating, with smarting. *Sec. corn.*, four o'clock. *Staph.*, after cuttings and nausea. *Sulph.*, at four and six o'clock, and also on rising from bed, the desire is sudden and urgent and admits of no delay. This is characteristic. *Thuja*, soft.

In the forenoon: *Carbo an.*, *Kali c.*, *Kali nit.*, *Mag. c.*, *Mur. acid*, *Stann.*, *Sulph.* *Carbo an.*, soft, green, with colic. *Kali c.*, watery, preceded by rumbling. *Mag. c.*, soft. *Stann.*, soft. *Sulph.*, thin, with pressure in the stomach.

At noon: *Alum.*, *Borax*, *Mag. mur.*, and *Sulph.* *Alum.*, semi-fluid with previous colic. *Borax*, thin, with rumbling and movements in the abdomen. *Mag. mur.*, severe urgency to stool, which is fluid. *Sulph.*, frothy, feculent, with much flatulence.

In the afternoon: *Aloes*, *Amm. c.*, *Alum.*, *Borax*, *Carbo an.*, *Dulc.*, *Hell.*, *Kali c.*, *Lyc.*, *Mag. c.*, *Mur. acid*, *Phos.*, *Stann.*, *Sulph. acid*.

Amm. c., first part is hard, the latter soft, with shootings in the anus. Alum., soft and small. Borax, with much flatulence. Carbo an., soft, green, pain in the bowels before the evacuation. Dule., with flatulence. Kali c., semi-fluid, scanty, with colic, and followed by tenesmus. Phos., semi-fluid, scanty, escaping with force.

Evening: Aloes, Alum, Bov., Carbo an., Dig., Dule., Indigo, Kali c., Kali nit., Lach., Mang., Merc., Mur. acid, Ol. an., Phell., Stann., and Zinc. Aloes, very thin, deep yellow, with undigested food. Alum., soft, flatulent, with burning in the anus, followed by tenesmus. Dig., with ascarides. Dule., acid smelling, copious, thin, relieves the pain, while the patient feels weak. Lach., great urgency to stool, with throbbing in the anus after the evacuation. Mang., preceding shootings in the bowels. Mur. acid, severe burning in the anus after the evacuations. Ol. an., soft feces, with cuttings in the bowels before, during, and after the stool, followed by burning in the anus like fire. Stann., with sensation after the evacuation as if there were still more to pass. Zinc, first a little solid, then scanty, soft evacuations.

At night: Arn., Ars., Aur., Bov., Bry., Cast., Caust., Cham., Chel., Chin., Graph., Grat., Kali c., Mag. c., Merc., Nat. carb., Puls., Sil., Sulph., Tabac. Aur., with much burning in the rectum. Bov., with tearing pains in the bowels and tenesmus. Bry., with burning in the anus. Cast., semi-fluid, feces extremely offensive with stinking flatus. Cham., with cuttings in the bowels which double up the patient. Mag. c., before midnight and painless. Puls., unnoticed, watery, in sleep. Sil., painless. Sulph., frequent, fluid, frothy, with tenesmus.

The next element to consider is the exciting cause of the attack. If it be from

ACIDS.—Ant. crud., thin with pain in the rectum. Ars., Lach., attacks are slight. Phos., acid.

TAKING COLD.—Bell., with vomiting. Bry., Caust., Cham., Dule., watery, at night, with pains in the bowels, in summer, or with prolapsus ani. Nux mos., Nux v., watery. Phos., with cutting and drawing pains in bowels and loins, as far into the thighs. Sulph.

DRINKING.—Ars., Caps., of slime. Rhod., painless.

EATING.—Ars., Borax, with rumblings or weakness in the joints and legs, relieved by walking. China, Coloc., with colic after the least nourishment. Fer. mag., Rhod., painless. Verat, after the least ingesta.

FRUIT.—Ars., Chin., Cist., Rhod., with sensation of weakness in the stomach and nausea while walking.

MILK.—Lyc., Nux mos., Sep.

In prescribing for attacks from the above causes, the applicability of those remedies here named, without symptoms, is determined by their general characteristics or by the special analysis and ascertained resemblance of their symptom to those of the individual case. The same principle governs in treating the cases of

INFANTS.—For which Cham., Jalap., Rheum, Senn., and Sulph. acid are more frequently required than other remedies, although it may be remarked of Jalap that its passages are watery, and accompanied with intense cuttings in the bowels; of Rheum, there are mixed feces and slime; of Senn., dark-colored water, with cutting pains also, but less severe than those of Jalap, and more or less flatulent. And also in those of infants while

TEETHING, for which we have Colch., Carbo., Cham., Graph., Merc. sol., Nux mosch., Pod., Sulph. In selecting a remedy from among these, it may help to bear in mind the resemblances and differences of the symptoms of these medicines. Calc. and Graph. are alike in these particulars: both have very offensive discharges, but that of Calc. is yellow, Graph., dark, half digested. Both have acid discharges; that of Graph. is only soft; Calc., thin; Calc. has undigested, hard or thin; Graph., half digested. It is also quite characteristic of Graph. that the discharges are followed by great but *transient* prostration. Calc. and Cham. have much similarity of some symptoms, but the differences of others make the distinction between the two not difficult. Both have the smell of bad eggs, those of Cham. with this property are also excoriating. With Cham. the passages are often green, with Calc. never. The diarrhœa of teething infants, for which Nux mosch. is appropriate, is attended by an indomitable disposition to sleep. The little patient sleeps all the time. The discharges are likely to be very offensive and rather copious. It is a remedy of greater value in teething diarrhœas than is generally supposed. Pod., painful, with grinding of teeth. This, of course, can only occur in cases of the last teeth in the series. Sulph., the discharges are slimy for the most part, brown, green, or white, and often are marked with slight *streaks* of blood.

The above are only a few of the distinguishing symptoms of these drugs, not given as a complete analysis, but only as showing the mode in which distinctions are arrived at in classes of cases where

one of a class of similar remedies is to be selected, by which that most unsatisfactory practice of giving one remedy of a class, and, if not successful, another, and so on through the series, may be avoided.

PREGNANCY is often attended with obstinate and sometimes fatal diarrhœas. For these cases we may find a remedy in one of the following: Am. carb, Dulc., Hyos., Lyc., Petr., Phos., Sep., Sulph. In these cases, in addition to the careful observation of the elements of the diarrhœa, the constitutional symptoms are to be most rigidly studied, for these, not unfrequently, are decisive of the choice of the remedy. Without a thorough knowledge of these the prescriber must often be quite in the dark as to his curative, and his patient, consequently, in a very unsafe condition. These remarks are equally true of the diarrhœas which arise at

LYING-IN.—For these we have Ant. crud., Dul., Hyos., Rheum. There may be cases requiring other drugs, but these can hardly fail of being detected if the analysis and comparison insisted on be faithfully carried out. The above remedies are only named, because so frequently called for, that they may claim our first attention in cases where the characteristics of other drugs are not prominent. They are never to be given merely because named here, or elsewhere, as possibly appropriate in this class of cases.

It may facilitate the treatment of diarrhœas to study them in *groups*. Thus Ars., Chin. and Fer. have the closest relationship. In these Ars. occupies one extreme and Chin. the other, Fer. falling between. In the element of *pain*, Ars. has extreme severity, Fer. less, and Chin. less still. In that of copiousness, with the exception of yellow watery, in which Ars. represents the scanty, the same relation obtains. It may be borne in mind that cases of an obstinate character sometimes occur where those remedies act beneficially in succession. Thus, in cases in which Fer. has followed Chin. with benefit, but has not proved sufficient for a complete cure, Ars., if at all appropriate, seldom fails to effect that result. Verat. may be added to this group in the study of watery diarrhœas, and in the elements of copiousness and pain takes place next to Ars.

Another most important group is represented by Ars., Squill., Graph., and Nux vom., viz.: the dark, fluid, offensive, and painful. In these elements the four remedies agree. They differ, however, in so many of their symptoms that there can be no serious difficulty in selecting the right for a given one, if it be borne in mind that Ars. among these has the most copious evacuations; Nux v. the

least, and always *small*. The pain of Ars. and Squill. is in the bowels, Ars. the most severe; those of Nux v. and Graph. in both the bowels and back, Nux the most severe, with this further difference, that the pain of Nux is higher in the loins, Graph. in the sacral region. With Nux the pain is drawing and is relieved by the evacuation; Graph., pressing and continued after. It may not be amiss before leaving this group to say that Nux vom. has been too much neglected in the treatment of diarrhœas. The frequent successful use of the drug in constipation may have so occupied the minds of prescribers as to limit, in their apprehension, its usefulness to cases of this sort. This is a great mistake or misfortune. It is scarcely less important as a remedy for diarrhœa. It has been the specific in many epidemics, and at other times, through whole seasons, it has been oftener called for and successful than any other drug.

Ars., Gamboge, Jalap., and Senna in extremely painful diarrhœas. The characteristics of these remedies and their distinctions, except Gamb., have already been noticed, and it may be sufficient for this to say that it resembles Arsenic more than either of the others, but with the evacuations of Gamb. there is much disposition to *tenesmus*, while with Ars. there is less.

Arn., Lach., Merc., and Sulph. in purulent diarrhœas. Arn. has bloody and purulent discharges. Lach. has similar evacuations, with gnawing, shooting, cutting pains, with hard swelling of the abdomen, or with discharge of mucus and scanty menses. Sulph., a mixture of blood, mucus, and pus.

Nux mos., Sec. corn., Verat, in cases, with comatose *sleep*. These three remedies are each characterized by profound and constant sleep. The kind of *sleep* is very similar in the three, very quiet and undisturbed, but the conditions out of which it grows are very different and not difficult of distinction. With Nux mos., the symptom arises from *exhaustion of the brain power* especially. There is still sufficient to admit of the patient being aroused without great difficulty, but not to sustain a continued attention to external objects. The patient falls asleep again immediately and continues to sleep till roused by the attendants. The affection is less profound than that of the other two remedies, and generally less dangerous. Sec. corn. is opposed to Nux mos. in this, that its coma seems to rest on a *general* exhausted vital force, in which that of the brain participates, or of which its exhaustion is a part, all the organs being

similarly affected, the tendency being to a rapid extinction of life unless the downward progress be speedily arrested. The patient is roused with difficulty and then immediately falls off again, being wholly unable to give attention to external objects for the shortest time. Verat. is related to a condition quite different from both, viz.: that which just precedes the effusion of serum into the cavities of the brain or the early stage of effusion. In such cases Verat. is often very efficacious. If the patient be aroused he shows that he is disturbed and complains. Any interference is painful to him, till he passes the point in insensibility at which he ceases to regard the presence or acts of his attendants, and beyond which all remedies are too likely to fail to relieve.

Aloes, Pod., and Rheum, as related to the class of feculent diarrhœas, have been already sufficiently treated of, though it may be said of Aloes, in addition, that its evacuations are often preceded by much rumbling and movement of flatus in the bowels, flatulent distention, and colic. Not unfrequently these rumblings and movements are, after a night's sleep, first manifested on the patient's first stepping out of bed in the morning. Or they are especially, at evening, and if the flatus escapes it is of the most offensive odor.

It does not come within the plan of the present paper to consider the diarrhœas which are at times concomitants of other more important affections, as of typhus fever, phthisis, etc., further than to remark that an intelligent treatment of them involves, in addition to the analysis of their elements here inculcated, a careful study of the characteristics of the malady, in the elements of which, alone, it often happens the clew can be found to the remedy for this as well as other symptoms of the case. This should never be forgotten. It is a necessity in every case, perfectly apparent in the principle stated, that we treat patients and not diseases. Least of all can we isolate an element of a case and treat that, and claim in such practice the consideration of scientific and able physicians.

CHAPTER III.

TYPHOID FEVER.

The modern literature of typhoid fever is not scanty; the sum of patient observation devoted to the disease by modern physicians has been somewhat commensurate with the importance of the subject; the results gathered have settled much that but recently was requisite to an intelligent understanding of the subject. Its history, etiology, pathology, symptomatology, diagnosis, and prognosis have been ably treated, and the works of Louis, Bretonneau, Andral, Chomel, Cloquet, Cruveilhier, and others, among the French; and Schœnlein, Rokitansky, Skoda, Virchow, Canstatt, Griesinger, and many others, among the Germans; Graves, of Ireland; Smith, of England; and Bartlett, of our own country, have left but little to be desired in these elements of a complete knowledge of the disease. So much of intelligent thought and labor could not but yield its fruits, and if these have not been all that a benevolent hope might have expected, they have at least been such as all can rejoice in, so far as they have contributed to establish the truth of this most important subject. They should not be undervalued by any student however plainly he may see, after passing over their careful handling of these elements, that these laborers and writers have seemed to stop just where he could have wished them to have gone on, *i. e.*, to the discovery and establishment of a system of cure equally worthy of their genius, and his respect and confidence. As to the elements named, they have left little to the domain of doubt; as to a system of cure, they have left little else. In the present paper, therefore, we propose to accept these elements as they have been presented by received authorities, only protesting against what is believed to be a great error in the department of pathology which stands directly in the way of all improvement in the therapeutics of the disease. We refer to that teaching which puts effects in the place of causes; which regards the *products* of morbid action as the disease itself; and views local deposits and changes of tissue as the

sum of the evil with which we have to do, instead of considering them, as it should, only as the *partial results* of that sum of the modified action of the vital forces which alone constitute the disease. To regard the peculiar state of Peyer's patches, so generally found in dissections after death from typhoid fever, as the disease itself, is scarcely more wise or philosophic than to exalt the sordes on the teeth or the cracks on the tongue or lips to this dignity. All are alike merely results of the state which for convenience we have so named. If the science of pathology is to either aid or control our therapeutics (it has been declared its province to do both by some), then a view so restricted and erroneous as that here alluded to must be followed by disaster to the progress of therapeutics toward the perfection hoped for, and for which all profess to strive. A partial pathology cannot be followed by perfection in therapeutics—nor a false pathology by safety in practice. Hence the fact, otherwise surprising though true, that the mortality of this fever has been scarcely if at all diminished by the combined labors of all these great lights in medical science. They have given much labor, observation, and thought to the subject, and the result of all has been the fact that certain changes are usually wrought in Peyer's patches during the progress of the fever, and this has been abundantly proved by autopsies enough to prove anything they are capable of proving, and the other fact, that a peculiar eruption appears on the skin of patients, supposed to be significant of this fever and peculiar to its second stage. Beyond these two facts it is not certain that any addition has been made to the knowledge of its pathology possessed by their predecessors, and these are not material helps to the discovery of a system of successful therapeutics. It is not quite easy to perceive how such a system could be discovered without previous reference to the law of cure, and the existence of such a law they all ignored. The only possible result followed: their patients and the patients of their followers continued to die.

Homœopathy claims to have discovered a better system—a system founded on law—on law which the Almighty made a part of man's being when he created the first of the race and made him subject to disease. It claims for this system a better success than can come from any other not founded on law; it promises to all who apply it in practice a success just equal to the precision of the compliance with the requirements of this law, and promises success to no others.

To the "doers of the law" only is it pledged; not to those who only swear by its name. The application of this law to the treatment of typhoid fever is the object of the present paper.

The first duty of the physician in attempting this treatment, is a *thorough examination of all* the elements of his case. This cannot be too strongly insisted on or too carefully performed. In no other disease is this so important, though it is indifferent in none. Having honestly discharged this duty, and ascertained not only that he has the fever to combat, but all the elements it now reveals, let him consider them well and carefully before he decides on his first prescription, and be *positively sure* that it is *right*, before he ventures on the first dose, for no subsequent effort in the case is of equal importance. If the first prescription be wrong, no subsequent pains may be sufficient to remedy the consequences of the blunder. A confusion of the case from this source has often been realized which no skill could remove. If the *first* prescription be right all the subsequent course is comparatively easy. If wrong, there is only vexation, difficulty, and anxiety before the physician, and to the patient and his friends, it is too likely, there is only a certain fearful looking for of pain, danger, and death. Let it never be forgotten that *time* here is of no account, if the question be of time or a wrong prescription. Let whatever of time the case may require for accuracy be given to it, no matter to what extent, for it is infinitely better for the patient that we do nothing than that we do wrong. When the younger Bœninghausen won his great and perhaps unparalleled success in the treatment of this fever with a single remedy, he recognized and practiced this principle. He made sure of the accuracy of his *first* prescription, and then he fully recognized and obeyed the second essential rule of successful practice, viz.:

Having found the right remedy, keep to it—*change it for no other but for the strongest reason*. Let no impatience for more speedy results, nor that honest and honorable desire to do better, which all right-minded practitioners must feel and which is likely to be especially active with the young, tempt to do wrong by an unwise change of remedy. If the first be right, to change it for another will most likely be to give one less appropriate, and the result will too often cause bitter regret. The writer was years in learning the importance of this rule of practice, and the memory of the experiences from which it was derived is mixed with much that is painful, which he has now no doubt a better practice might have avoided.

In treating typhoid fever it should be constantly borne in mind that it is not often that the disease can be crushed at the first blow. It may require patient and protracted watching and care before the looked-for amendment appears, but however long these may have been, the *time* furnishes no reason for substituting another remedy for that in use, this having been selected because its pathogenesis was most similar to the characteristic elements of the case. And now, whatever the time of its administration may have been, it is only to give place to a successor for a similar reason, greater resemblance to the elements of the case. Examples of both acute and chronic diseases are constantly met in practice which require medication for a longer or shorter period, according to the nature of the given case, before amendment becomes apparent, though the prescription may have been most accurate. Such cases are more frequent among typhoid fevers than other acute diseases. They call for the most careful revision of prescriptions, but never for a change of remedy except for the reason given above. Success in such cases only follows a steady adherence to that which has thus been ascertained to be the right. When, as sometimes happens in this fever, this period of what may be called latent medication is protracted days or even weeks, and the course recommended requires more than common firmness and the exhibition of much of that quality called *nerve*, there can be no doubt but that he who has not these qualities, or is unwilling to use them, is not fit for the responsible duty of treating such cases.

And further, if emulous of the best success, having selected the best remedy, we are not to be tempted into giving another less appropriate with it, expecting thereby to add anything to the curative effect of the principal remedy, or by this resort to excite a second and independent curative process by the power of the supplemental remedy, and so by this to add to the sum of the curative effect which can be realized in a given time. This too common resort of *alternating remedies*, as it is called, is rarely admissible in the treatment of this fever, though it is feared it is not seldom practiced. So far is it from being necessary or in any way beneficial, as a rule, the writer has no hesitation in declaring it positively mischievous. The practice has with many become a habit, with so many, indeed, that it may be regarded as a fashion. Entered upon in the first instance with no very definite idea of principle involved in it, and repeated without reflection, repetitions come almost as a matter of course in every

prescription, for whatever disease. Against this as a general mode of practice we protest, it being without the support of any principle, uncalled for by any necessity of an intelligent practice, and, as often witnessed, is nothing else than a violation of that most necessary and wholesome law of our school which limits prescriptions to a single drug at a time. The giving of two in succession at the short intervals which are too common, is in nothing better, so far as a compliance with this law is concerned, than giving both from the same glass at the same time. Against this as a practice in the fever under consideration we protest, as against a method almost always extremely pernicious and not unfrequently fatal. The exceptions are so few that it certainly can and ought to be entirely discarded. It is certain that this view is not in accordance with the current practice, and therefore not with the current judgment of the day. But it is confidently believed to be true, notwithstanding. That its truth is not more generally perceived is explained by the power of habit, and perhaps in some cases of prejudice. Let us look at the matter a moment:

What is the reason for giving any remedy in any disease? What but the resemblance of its pathogenesis to the elements of the case under treatment? This resemblance is found and the remedy is given, and is it not equal to the demands of the case? The promulgation of the homœopathic law was accompanied by the declaration of its sufficiency. Has intelligent experience falsified that declaration? If so the whole of Homœopathy falls to the ground, and its advocates are no better than self-deceivers or the deceivers of others, and its practitioners are under a delusion more dark and dangerous than that which gives confidence to the advocates of the school they oppose. If the one drug so selected be sufficient, then the second is in no way called for. If it be not equal to the cure, then it is submitted that this fact is a call rather for a revision of the prescription than for the administration of a second drug in connection with it, probably no better chosen. But it may be said, and often has been, that cases occur where there is great difficulty in finding the required resemblance between the drug and the disease. This is true, but what then? The practice of Homœopathy is not easy. It never has been. It was never adapted to the demands of the lovers of ease. Such persons have nothing to do with it. If they *honestly* attempt to have, it will be only a trouble to them. But do persons who plead the above difficulty as an excuse for the

practice under consideration pretend that the difficulty is lessened by the duty of finding *two* similars instead of *one*? Or is it that before the difficulty, it being so great, they feel justified in abandoning allegiance to the homœopathic law, and in attempting to accomplish by *two* remedies which are dissimilar to the disease what the law declares can only be accomplished by *one* which is similar? Can two remedies which are not in curative relation to the disease, *i. e.*, are dissimilar, do more good than one which is similar? Is there in all that is known of disease and drug action, and of the law of curing, any reason for believing that such a practice can be in the slightest degree beneficial? It is confidently believed that it is generally entered upon without thought and that it is wholly unprofitable.

There is another *habit* of practice, too freely indulged, against which in this connection it is our duty also to protest, because in the treatment of this fever it has been often followed, and ever will be, by the gravest mischief. The allusion is to giving Aconite without discrimination to all cases of acute attack where there is a hot skin, thirst, restlessness, and a quick pulse. To give Aconite as a matter of course, where there are only these elements of fever, is no better than sheer empiricism, and has for its defense no better reason than the current popular notion that *Aconite is good for fever*, which, if by it be meant that it is good for all cases of fever, is only, like many other popular notions, merely a popular falsehood. It is only "good" for fevers which present symptoms like its pathogenesis, which typhoid does not. In the early stage of typhoid, it is just the remedy to do more mischief, when out of place, than any other. This follows from the inevitable law of drug action. The state of the patient is, with the rarest exceptions, just the opposite of that to which Aconite is appropriate, and therefore the drug is antipathic, and consequently intensifies the evil it was given to control. This objection to Aconite applies with most force to its use in cases which occur in dense and crowded populations, or which have resulted from whatever protracted exposure to influences and circumstances that depress the vital forces. The fever to which Aconite is related is one of exalted action, never of depressed. Indeed, it is nearly limited to cases based on *local irritations or inflammations*, with tendency to *fibrinous deposit*. In these cases even its usefulness is confined to the stage of deposit, or that of irritation, which immediately precedes it. For example, in pneumonia, after the deposit of fibrin, Aconite is no longer of the least service. It has

been given in such cases a thousand times, because there was still high fever, and Aconite is *par excellence* the remedy for this, but a thousand times it has here disappointed us all, because of our failure to appreciate the relationship here asserted.

It is our duty also to protest against giving Bryonia or Rhus tox. in the early stage, or in any stage of this fever, merely because it is typhoid, and because these remedies chanced to be once in the curative relation to an epidemic of historic celebrity. This, of course, can be no reason for continuing their use in epidemics to which they sustain no such relation, or in sporadic cases for any other reason than that their pathogenesis is more like the symptoms of the case to be treated than the pathogenesis of any other drugs. Above all, we protest against their ever being given, as they have been too often, in alternation, for this, in addition to the reasons given above, that the conditions to which the one is appropriate is just the opposite to that of the other, and never the same.

The foregoing practical rules, it will be observed, are part positive—care in the *first* examination and analysis of a case, precision in the *first* prescription, and adherence to this remedy when once decided on—and part negative. We are not to alternate remedies, and we are to avoid Acon. in the first stage, with very rare exceptions (no one but a madman would think of giving it in a subsequent stage), and are neither to give nor alternative Bry. and Rhus because it is typhoid fever. With these rules before us, having complied with the first requirement, how shall we proceed to attain the exactitude required by the second? In the first place, we are to discriminate between symptoms which are of controlling importance in the decision of the question of remedy and those which are not. How? By taking chiefly into consideration those symptoms which are indicative of a peculiar condition, and giving to those which are of less significance a secondary place in the account. Thus, the peculiar character of the patient's mind and disposition, as delirium, stupidity, irascibility, etc., are far more significant of the condition of the brain than mere pain in the head, however severe; and the characteristics of the intestinal evacuations than pains in those organs. The pains are common to all cases—are generic—the peculiarities above specified are those which individualize the case, and therefore are its characteristics; it is not to be forgotten that these are here and always the decisive symptoms in the selection of remedies.

We will suppose the case to be in the first stage of the attack, what symptoms shall we be likely to meet? We will present, presently, the group given by Prof. Griesinger, of Tübingen, in Virchow's *Handbuch der Speciellen Pathologie und Therapie*, 2te Band, 2te Abtheil., s. 130, as one of the latest and best pictures from the writers of the old school of the phenomena of this stage. We do this, not because it is perfect for the purpose of a homœopathic prescription, but as, when taken in connection with translated symptoms of our *Materia Medica*, furnishing a convenient opportunity to answer, in part, the often-repeated declaration of opponents of our school, that the phenomena of diseased action do not find a parallel in those of drug action. In this statement of the symptoms of the first stage of typhoid fever the author had no reference to any record of our *Materia Medica*, he simply intended to give a representative picture of the disease; the parallel symptoms of the *Materia Medica* were on the record long before Griesinger wrote. There was, therefore, no collusion. It is given also because of its *representative character*, *i. e.*, it presents the symptoms the most important, as the author understands them; and the most frequently met in his practice, *i. e.*, belonging to the greatest number of cases, thus furnishing a convenient opportunity, not only to present an answer to an oft-repeated and groundless objection, but also the proper method of dealing with a record of symptoms where a prescription is to be made. It also demonstrates the truth of the principle, already stated, when having to speak of *Acon.*, that remedies related to depressed vital force are those from which we shall find our curative, even in this first stage. Of these *Ars.* is certainly one of the chief. It is rare that a record of symptoms in practice can afford an opportunity for a more perfect compliance with the demands of the law of cure than these of Griesinger, when met by *Ars.**

But cases in practice are not constituted according to the models of the text-books. The symptoms of each case, while presenting generalities sufficiently like these, show also special symptoms or combinations by which it is characterized and which constitute it an individuality. And in this individuality the case must be studied, and to this the remedy adapted by the law of similars. Typhoid fever, in its earliest existence, chiefly attacks and modifies

* For the parallel of Griesinger and *Ars.* see the symptoms of *Ars.* and Griesinger to be given hereafter.

the functions of the brain and of the organs of the digestive apparatus. In its early stage these modifications are the proper objects of most careful study. It is in the functions of these organs that the fever, for the most part, makes its existence known, and in these it is to be combated. In the study of cases at the bedside, it will be found, that early in the history of the attack a preponderance of important symptoms has shown itself in one or the other of these spheres, which marks the first step in the analysis of the case, and that which decides whether the remedy is to be found in the class of drugs which attack the brain by preference, of which Belladonna may, for convenience, be received as the representative; or in the class which by similar preference attacks the digestive apparatus, represented by Arsenicum; or if the case be mixed, *i. e.*, the two systems about equally affected, in the class of drugs equally related to both, of which Bryonia may stand as a type. Where cases are marked with strong cerebral or abdominal preponderance, this classification may help somewhat to find the right remedy. But as cases in practice will not make themselves up in models for our convenience, it is to be understood that in this analysis we only contemplate *preponderance*, all cases being more or less mixed in their cerebral and abdominal manifestations.

In this paper we propose to examine the relations of Bell., Hyos., Lach., Opium, and Stram. to typhoid fevers with predominant cerebral symptoms. After the symptoms have been presented in groups it will be easy for the student to perceive the resemblances and differences of the different groups, and from these differences to decide on the selection of either which may be appropriate to his case.

Belladonna. Trembling with sense of weariness in the limbs (in the early stage). Heaviness and weariness in the limbs; great debility, and general weakness with sleepiness in the afternoon; exalted irritability of all the organs; congestive tendency of the blood to the head; red spots like flea bites, or like blood stains, or petechiæ, on the chest, abdomen, face, and neck.* Great drowsiness; profound comatose sleep with snoring (see Opium); sometimes opening the eyes, without moving, with wild look. Jerking of the tendons, with pale face and cold hands, and small, hard, rapid

* If this reminds the homœopathist of the "lenticular rose spots" of Louis, he is not therefore to exalt the importance of this symptom into decisive authority in the selection of this drug, because this writer made it a pathognomonic of this fever.

pulse. Sleeplessness with strong desire to sleep; sudden waking from sleep with start and fright; sighing and jerks in sleep which wake the patient; frightful visions on closing the eyes to sleep; anxious and frightful dreams; shudderings from the slightest current of air; face red, swollen, with injected conjunctiva. Furious delirium with violent pain in the forehead. The patient suddenly springs from the bed, or attempts to. He is timid and fearful and suspicious, and desires to run away (in a later stage); reluctant to answer questions or to speak; increased sensibility of all the senses; is quarrelsome, and strikes, bites, and spits on his attendants. The patient sings, laughs, and talks loud in his delirium. He is completely insensible as if in a dream, he neither sees nor hears. Illusions of the senses and imagination; he has visions of beauty or terror; the delirium is violent with staring of the eyes; it is also loquacious, or perhaps muttering. (The violent and loud is more frequent with this drug.) He talks of dogs, wolves, cattle, soldiers, battles, and of going home. Vertigo with anxiety, and glimmering before the eyes; throbbing of the carotid and temporal arteries, and also in the forehead. The pains in the head are increased by the movement of the eyes; the eyes are prominent, red, staring, sparkling, brilliant, distorted, or affected by spasmodic motions. The pupils are either contracted or greatly dilated and immovable, or the eyes may be dull and without expression. Deafness; burning heat and redness of the face; distortion of the mouth; dry and cracked lips, or they are dark red and dry; dryness of the mouth and throat extending from the fauces into the nose. Tongue red, hot, dry, and cracked; it is red on the margin and white in the centre; trembling of the tongue; paralytic weakness of the organs of speech (see Lach.); heaviness of the tongue; difficult stammering speech, as if drunk; difficult speech from difficulty of respiration, and great debility. The above are the symptoms of *Belladonna* which bring it into relation to typhoid fever. It will be at once seen that for the most part they are referable to a modified state of the brain, and that the drug is by them related to both the early and later stage of the disease.

Hyoscyamus.—Jerking of the limbs and tendons; debility and weariness of the whole body; uncommon sinking of strength; universal debility with trembling of the whole body and coldness of the extremities; burning of the skin while laying the hand on any part of the body. Uncontrollable disposition to sleep; continued pro-

found sleep; gentle sleep; quiet sleep with profuse perspiration; coma vigil; sleeplessness from nervous excitability; perspiration in sleep; suffocating snoring with the inspiration; carphologia; waking with outcries; anxious dreams; burning heat, both external and internal. Pulse small and weak; small and thready; rapid and intermittent; very small, hardly perceptible; weak and irregular. Sweating with great weakness and stupidity; insensible stupidity, which is conscious of no want except thirst. Entire loss of consciousness, and of the functions of the organs of the senses; does not recognize relatives or friends; illusions of the imagination and senses. Delirium with the fever, which is continued while awake, and which sees persons who are not and have not been present. Indistinct and muttering loquacity; muttering with picking of the bed-clothes; inability to think, the thoughts cannot be directed or controlled; vacant staring at surrounding objects, with apparent entire self-forgetfulness. Vertigo, like drunkenness. Dull pain at the base of the brain, in the forehead, and especially in the membranes of the brain. Heaviness of the head, with sense of empty confusion, and severe pain. Stupefying pressure in the forehead, which passes into shootings or tearings (on the left side). Eyes sparkling and red; prominent and convulsed; distorted and staring; staring at surrounding objects; weak, dull, without lustre; squinting; pupils either much contracted or dilated; deafness; offensive smell from the mouth; tongue red, hard, dry, and clean or coated brown. Burning dryness of the tongue and lips, which look like burnt leather. Paralysis of the tongue. Embarrassed, indistinct speech; answers no questions; loss of speech and all sensibility; distention of the abdomen with pain on pressure; tympanitic distention; watery diarrhœa; involuntary and unnoticed stools in bed. Paralysis of the sphincter ani; suppressed secretion of urine; retention of urine; involuntary urination; paralysis of the bladder.

Lachesis.—Painful weariness of the limbs, extending from the elbows and knees; relaxation of the muscles, with exhaustion from the slightest exertion. Weakness, with inclination to sleep; dullness and bruised pains in the limbs; trembling of the limbs, and internal trembling, with fever and faintness, evenings. Sleepiness with weakness in all the limbs; great dullness of mind with bodily weakness; complete insensibility; delirium at night; much muttering during the evening fever; heaviness of the head, with dullness, like lead in the occiput, with vertigo. Throbbing in the head from every move-

ment; congestion to the head; heat in the head. Eyes weak and dull or distorted; sensibility to light; deafness; very sensitive to sound; rushing and thunderings in the ears; bleeding from the nose; hanging of the lower jaw during the coma; dryness of the mouth, with thirst or constant desire to drink. Dryness of the tongue; black; as if stiff, with difficult motion while swallowing; paralysis with difficult protrusion of the tongue; difficult speech with heaviness of the tongue; nasal, indistinct speech; pain in the epigastrium on pressure; distention of the abdomen, also hard, with gurgling and rumbling in the bowels before the diarrhœa.

Opium.—Unconquerable weariness, or weariness like intoxication; uneasiness with sense of illness of both body and mind; heaviness of the limbs; weakness, with aversion to all external objects, persons, and things, with drowsiness, silly stupidity, sadness, and weakened memory. Great prostration and depression of spirits; weakness, with inability for any work; marked sinking of strength, with inability to move himself, with want of tone in the solids of the body. Fainting and vertigo with every attempt to leave the bed; emaciation of the body; small, red, itching spots, here and there on the body; coma vigil, with indistinct muttering. Stupefying slumber also at night, with increased thirst; tongue almost clean, with hard, bright red edges, and cracked lips. Irresistible sleep and complete coma, with insensibility; heat, pulse and respiration natural. Constant slumber with carphologia, and touching surrounding objects, with half-opened eyes. Profound sleep, with loose, rattling respiration. Stupid sleep with unconsciousness; stupid, comatose sleep, with stertorous breathing; half-open mouth; distorted, open eyes; red, puffy face; hanging of the lower jaw; respiration slow, heavy, or even intermittent; pulse slow or suppressed; jerkings of the limbs and muscles of the face and corners of the mouth; sleeplessness, with restlessness and delirium, or with incomplete visions and phantasies. Impossibility to sleep, though feeling very sleepy; nocturnal alternation of coma vigil and coma somnolentum, with delirium, hot skin, and stupidity; stupid sleeplessness with phantasies of dragons, skeletons, horrible spirits, ghosts, in a state of half-sleeping and waking. After morbid sleep, stammering; difficulty of moving the tongue; nausea; anxious and frightful dreams.

In stupefying sleep, stertor, especially during *expiration*; whimpering, sighing, and moaning; suffocating nightmare; pulse first rapid and strong, then weak and intermitting; rapid and weak, with

rapid, oppressed, and anxious respiration; copious perspiration, with itching miliary eruption, with insensibility of the organs of touch, sight, and smell. He sits in silence, absorbed in himself; loss of consciousness; dullness of the senses, with heavy eyes and extreme weakness; perfect loss of consciousness and insensibility with relaxation of the muscles. He neither knows his relatives nor the most familiar objects; dullness and stupidity of the intellect and all the senses; stupid insensibility to both pain and pleasure; imbecility; stupidity of the senses, with watery eyes; anxious respiration, with strong heaving of the chest; slow comprehension of ideas; internal dullness, as if sleepy and drunk; sensibility entirely benumbed. Delirium; visions; frightful phantasies of mice, scorpions, etc., with desire to run away. Delirious talk of ghost, devils, spirits, which he says surround his bed and afflict him. Delirious muttering of old occurrences, with open eyes, and recognizes what is said to him only as if after a dream; furious delirium. In his delirious fancies the patient does not believe he is in his own house. Heaviness of the head; great heaviness of the occiput, like lead, so that the head constantly falls backward. Inability to hold up the head; throbbing of the arteries of the brain; congestion of the head; eyes open and turned upward; staring and unusually bright; glassy, prominent, immovable, expressionless, like one dying. Stares on surrounding objects, with watery eyes, without comprehending what occurs or recognizing his relatives; pupils contracted, dilated, or immovable; insensibility of the iris to light; ringing and rushing sounds in the ears; stupid aspect, with relaxed and hanging facial muscles and lower lip; distended nostrils, and difficult raising of the upper eyelids; distortion of the mouth; convulsive trembling of the facial muscles, lips, and tongue. Tongue dry, without thirst, especially in the morning; black tongue; paralysis of the tongue; difficult speech, can only speak loud with great effort. Stammering; distension of the abdomen; hard, with tension and pain from pressure. Tympanitis; diarrhœa, extremely offensive or watery; involuntary stools; retention of urine, as if from a closing of the bladder or a loss of its power. Respiration slow, deep-drawn, and sighing; stertorous, deep-drawn, with loose rattling or loud and difficult; interrupted intermittent, with moaning.

Stramonium.—Trembling of the whole body, or of one or more of the limbs; weariness of the limbs, great weakness, prostration, strong inclination to lie down; can only walk a few steps without support;

red miliary spots on the chest and back; small, shining, star-shaped petechiæ on the face, throat, and chest. Profound sleep with stertorous breathing, or with very deep-drawn respiration with great effort; coma, with loose rattling respiration, with dark, brown face; waking with loud outcries; pulse weak, irregular, often intermittent, small, rapid, or hardly perceptible, very small, rapid and intermittent, imperceptible. He is fearful and excited; desires to run away; believes he is always alone and is terrified; strikes his attendants, with fearful outcries; great disposition to bite and tear everything with his teeth, even his own limbs; sudden alternations of laughing, singing, and weeping. Loss of consciousness; imbecility; stupefaction of the senses; he takes no notice of what occurs; neither sees nor hears nor recognizes his relatives; insensible to external impressions; speaks to the absent as if they were present, and calls inanimate objects by the name of persons, while he takes no notice of his attendants. Illusions, as if his body were cut into in the middle; as if all surrounding objects were very, very small, while he himself is very large and elevated on high; believes he sees a great company of people about him, and grasps at them. Frightful objects are constantly before the imagination while his expression is that of fear or terror; believes he sees dogs, cats, rabbits, approaching him from all around, and that he sees ghosts. Delirium; loquacious; mild; terrified; many wonderful phantasies; muttering cries, even to hoarseness and complete loss of voice and speech. Dullness in the head; it is difficult to think; sensation of weakness and lightness in the head; stupefaction of the head with dullness of vision; beclouding of all the senses, after which a red rash (rothe friesels) on the back, with sweating. Staring of the eyes with sleepy aspect; eyes dull and weak; pupil dilated and immovable; with contraction of the pupil, all things appear much smaller and farther removed than they really are. Deafness; illusions of hearing; distortion of the face as if from pain; lips trembling; dryness of the lips. The whole inner mouth as if raw; great dryness of the mouth, so that food taste like straw; dryness of the tongue and mouth, or only of the palate; tongue dry and rough; paralysis of the tongue, or trembling when protruding it; the organs of speech as if paralyzed, with lisping and stammerings; constant mutterings; cries till the speech is lost or he becomes hoarse; complete inability to swallow because of dryness of the throat; sensibility of the abdomen to pressure; blackish diarrhœa every hour; stools smell like car-

tion ; suppressed secretion of urine ; retention of urine ; copious involuntary discharge of urine.

The above are the symptoms by which these powerful drugs are related to typhoid fever as curatives. In each are symptoms often met in all stages of the disease. Consequently they may be given with confidence whenever their administration is a compliance with the demands of the law of cure. A careless reading of this record may leave the impression that the symptoms of each are little more than a repetition of those of the other. A careful study will show that each has its distinctive character, and it should be well understood that their successful application in practice depends on the recognition and appreciation of this. It is not the plan of this paper to go into a comparison of resemblances and differences of the symptoms of these drugs in detail, though it is earnestly recommended to each student to do this for himself, and to master the subject thoroughly, for by doing this he will have gone far toward making himself master of one of the most dangerous forms of this most dangerous disease. Let him compare the debility, trembling, exhaustion, weariness, and their associated concomitants, of each, so like to these elements of the first stage of the fever, and see wherein each differs from the rest, and he has found the index to its right selection in practice in this stage. So of the symptoms of sleep ; intellect ; fever, as pulse, sweating, etc. ; head ; mouth, tongue, and speech ; abdomen, stool, urine, and respiration.

We only propose now an allusion to a few of the relationships of these remedies to the fever and to each other, of a general kind, with the hope of facilitating the selection of the right at the bedside of the sick. The first remark we have to make on the class of cases under consideration, is that they present two forms for practical observation and treatment—one of excitement, the other of depression ; the first characterized by more or less of violence of delirium, varying in degree from raging madness to quiet visions and mutterings, which just remove cases from the second class, the characteristic of which is *stupidity*. It will be at once seen, if the symptoms of the medicines given above are studied with a little attention, that they vary also in their effects on the organism, as cases of fever do in practice, in the elements of violence and depression ; and by a comparison of the symptoms of the remedies given, it will be found that in the manifestation of *violence* they stand in the following order : Bell., Stram., Hyos., Op., Lach. ; Bell. being more strongly

marked than any other drug; Stram. less, but more than Hyos., while with Op. and Lach. this manifestation is but slight. From Bell. the delirium is loud, talkative, positive; the anger is demonstrative, and strikes, bites, and tears; Stram. is similar, but less in degree; Hyos. is still more mild, while Op., if it rises above the stupid, is still more gentle.

In the second class of cases, marked by *stupidity*, the order in which these remedies stand related is reversed, except as to Lach., which is still in the last place. They stand Op., Hyos., Stram., Bell., Lach. The stupor of Op. is complete. The patient is not to be roused, or only with great difficulty, and to his great annoyance, and even then he comprehends nothing, and immediately falls again into the same unconscious state as before, while at the same time he shows symptoms like the other characteristics of this drug, in the respiration, diarrhœa (watery and offensive), etc. That of Hyos., while it involves loss of consciousness, from which he can be roused with something less of difficulty than from that of Op., does not recognize his relatives or attendants, but soon falls into a gentle though deep sleep, which is likely to be attended with more or less spasmodic symptoms, as jerkings of the limbs, etc., and also with a diarrhœa quite different from that of Op., *i. e.*, yellow, watery, copious, painless, and but slightly if at all offensive. That from Stram. differs from both. The lost consciousness and stupefaction are in large part from the entire occupation of the patient with the visions and images of his delirium, which for the time seem to entirely divert attention from impressions of the senses. The difference between this drug and Bell. is one of degree, in part, the visions of Bell. being more vivid, with less of spasmodic action than Hyos., and the absence of the characteristic diarrhœa, while it may be attended by its own, which is watery, somewhat profuse, and preceded by a copious sweating. The diarrhœa of Stram. is blackish and watery.

Typhoid fever, characterized by predominant abdominal affection, is met by Ars., Carbo veg., Chin., Colch., Merc., Nux mos., Secale, and Sulph. As in the cerebral variety, we propose to group the symptoms of these remedies, and then to ascertain, as far as we may be able, the points which enable us in practice to put each in its place. In the case of Ars., the desire to give the parallel of the group of Griesinger's symptoms with those of the *Materia Medica*, and also the group by which this drug is related to the fever, entire, will compel a few repetitions. It is hoped the interest of the parallel, and the desirableness of the group entire, will besufficient to ex-

cuse this. The comparison of the symptoms from these two sources is as follows:

SYMPTOMS FROM GRIESINGER.

The febrile symptoms of the patient are aggravated in the evening.

Weakness and prostration are earlier developed and greater than in most other attacks of acute diseases. Very many patients, from the outset, can hardly keep upon their feet.

Dull pain in the forehead, occiput, in the whole head; confusion in the head, vertigo, humming in the ears, intolerance of light.

Sleeplessness, or sleep disturbed by heavy dreams.

Complete loss of appetite, with thirst and bad taste in the mouth, pappy and bitter; the tongue is coated and red at the point and edges.

In the first days there is for the most part constipation, though cases occur where there are fluid stools from the beginning.

Pains in the abdomen are, in this stage, for the most part in the epigastrium.

Pulse frequent, full and soft, and sometimes undulating.

The skin hot and dry; sweating is the exception in this stage.

Urine scanty, dark.

Single or repeated bleedings from the nose.

An increased volume of the spleen is easily detected. Cough and symptoms of bronchial catarrh in many cases.

[The above are Griesinger's symptoms of the first week, in the order in which they occur on this page. He proceeds to say that the fever increases in intensity the second week, and the above symptoms are mostly aggravated.]

The confusion of the head (*eingenommenheit*) is increased till it becomes now a peculiar stupidity.

Speech hesitating and difficult.

Hearing somewhat weakened.

The evening exacerbation brings great restlessness; the night, a moderate delirium.

The mouth and tongue become dry, the latter brown coated.

Rose-red spots, toward the close of the second week, on the chest and abdomen.

ARSENICUM.

Appearance of the symptoms evenings after lying down.

Universal and sudden sinking of the forces. Great weakness, especially in the legs, knees, and feet, on the least attempt at walking, with inability to walk even a few steps without sinking down, or with inability to leave the bed.

Great heaviness in the head, with humming in the ears; stupefying pain in the forehead. Great intolerance of light; vertigo with headache.

Sleeplessness with restlessness and tossing. Many heavy dreams; frightful and anxious dreams.

Complete loss of appetite with severe thirst; bitter, salt, sour, and putrid taste in the mouth; tongue coated white, or red and dry, brown or blackish. (A later stage.) Constipation with pain in the abdomen. Watery and slimy diarrhoea, with great weakness.

Pains of the severest kind in the epigastrium, with great sensibility to pressure.

Pulse quick, frequent, weak, and intermitting.

Heat of skin for the most part dry and burning. Anxious, nocturnal heat, also dry and without thirst.

Urine diminished, with burning.

Copious bleedings from the nose.

Spleen swollen and painful (also in fever). Dryness and burning in the larynx; cough short, dry, deep, fatiguing, with dry excooriation in chest, and expectoration scanty, frothy, and difficult. [A tolerable picture of acute "bronchial catarrh."]

Loss of sensation, consciousness, and speech. He lies senseless, voice stammering and inarticulate. Dullness and weakness of the understanding and senses.

Speech hesitating and slow.

Difficult hearing, as if the ears were stopped.

Night in bed, restless and tossing, with heat, and extravagant, delirious imaginations.

Great dryness and dry sensation of the mouth and also of the tongue. Tongue brown or blackish.

Miliary rash. Red scorbutic spots.

From the above symptoms and their counterpart, it will be seen that Ars. has no second place of importance in the list of the curatives of this fever, especially in its first stage. This will be still more apparent after a careful study of the following :

Anxious weakness, absent-mindedness, staggering gait, with difficulty in walking direct to a given point. General and rapid sinking of the forces. The greatest weakness, especially in the legs, knees, feet, and hands, which tremble, with inability to walk more than a few steps without sinking down. Prostration, with inability to leave the bed ; with falling of the lower jaws and eyelids. Emaciation. Petechiæ. Dullness and aversion to all movement ; after each disturbance he sleeps again immediately. Sleeplessness with great restlessness and tossing about the bed ; sleep is restless and disturbed. Anxious heat and restlessness, with burning, as if hot water were flowing through the veins, or with throbbing in the head, and desire to throw off the covering of the bed. Carphologia ; anxious and frightful dreams ; cold, sticky perspiration, or sour and offensive. Pulse excited, frequent, empty ; or quick, weak, and intermitting ; small, weak, and rapid ; small and irregular. Pulseless, with excited beating of the heart ; anxiety, with tossing in the bed ; speaks but little, only complains of anxiety ; says nothing, from weakness of body and mind ; excess of sensibility to sounds, to talking and light ; great indifference to all things, even to life ; dull and weak in the head. Delirium. Loss of sensibility—of consciousness—of speech. Delirium, with open eyes ; raving, with pain in the head, anxiety, noises before the ears, great restlessness, loss of speech, trembling, and anxious sweating. Stupefying pain in the head, mostly pressing in forehead ; great heaviness in the head, mostly in the forehead, with rushing sounds in the ears. Eyes dull, lustreless, prominent, staring, and turned upward ; staring, wild expression ; contracted pupils. Deafness ; ringing in the ears and also in the head. Lips dry and cracked ; lips and tongue dry and blackish. Tongue red and dry ; cracked and trembling ; as if burnt ; tastes nothing ; great dryness and great sensation of dryness of the tongue, with excessive thirst, though he drinks but little at a time. Thirst for acids, or brandy, or cold water. Great sensibility of the stomach to external pressure ; swelling of the spleen, which is painful to pressure ; swelling of the abdomen, also excessive. Rolling and gurgling in the abdomen, as if from much flatulence. Putrid, offensive flatus ; involuntary and unnoticed stool. Diarrhœa with colic pains ; with great weakness ;

yellow, watery, and small ; greenish, dark brown, with the offensiveness of foul ulcers ; putrid ; black, burning, excoriating stools, with restlessness and colic. Involuntary urination ; diminished urine, which is burning ; very turbid ; greenish, dark brown, turbid when passed, and does not become clear on standing. Oppressed respiration with extreme prostration.

Carbo vegetabilis.—Weakness, especially of the legs, in the evening ; or in the morning, with sluggishness, and disposition to perspiration and trembling of the limbs. Trembling of the body, with prostration. Debility as if after a severe sickness ; the joints seem too weak to carry the body ; pulse weak ; entirely pulseless ; disposition to great perspiration. The mind is sluggish, with inability to think ; ideas move slowly and constantly around one object, with confusion of the head (*eingenommenheit*), as if bound fast. Vertigo the whole day ; whirling, while moving, especially the head ; heaviness of the head, like lead ; in the forehead, with dull pain. Heaviness and immobility of the tongue, with difficult speech ; heat and dryness of the tip of the tongue ; great sensibility of the region of the stomach to pressure ; distention of the abdomen, as if from flatulence, especially in the afternoon ; constant distention with copious escape of flatus ; rumbling and gurgling in the abdomen ; fermentation in the bowels, with subsequent stool like diarrhœa and discharge of putrid flatus ; involuntary stools which are offensive like carrion ; urine turbid and reddish ; dark colored ; strong smelling.

China.—Sense of internal illness, as of impending disease ; painful weariness in the limbs, as if after a long walk, or exhaustion from loss of fluids, with constant inclination to stretch them or change their position. Heaviness in all the limbs, especially of the thighs ; aversion to all efforts of body or mind ; weakness, with relaxation of body and mind ; with insensibility ; he can hardly hold the head erect, and falls asleep ; weariness ; aversion to movement. Great weakness with strong disposition to perspiration during movements and in sleep ; great sinking of the forces ; unconquerable disposition to sleep, with weakness ; frightful phantasies, in the evening, in bed, with frightened starts on closing the eyes to sleep ; anxiety on waking from frightful dreams ; insensibility on waking, or vertigo, which is increased by raising the head ; indifference and apathy ; taciturnity ; obstinate silence, will answer nothing ; angry, quarrelsome disposition ; nervous irritability, with depression of spirits, and intolerance of all impressions on the senses, especially of noises ;

slow movement of ideas, and also of the power of comprehension. Vertigo, with nausea and subsequent heat; heaviness of the head, with increasing vertigo, mornings, or waking, with weakness of the limbs; pupils much contracted or dilated and insensible to light; countenance pale and sunken; hippocratic; with sharp nose, and hollow eyes with dark circles around them, with insensibility and indifference. Lips dry, hard, and cracked; blackish lips; blackish tongue; cracked; as if raw or burnt. Swelling and hardness of the spleen; pains in the abdomen as if there would be diarrhœa; distention of the abdomen, with pains and diarrhœa; with hardness and pain; with constant tension; in the morning, tympanitis. Rumbling in the bowels, especially in the upper part of the abdomen; thin stools like diarrhœa; yellow, watery; slimy, involuntary, thin, and yellow; blackish; with the respiration rattling, and moaning sounds in the chest, and loud sounds through the nose.

Colchicum.—Great weakness and sensibility of the surface; weakness, as if after exertion. If the patient be raised up the head falls constantly backward and the mouth opens to the widest extent. Sudden sinking of the forces, so that in ten hours he can hardly speak or walk; cadaverous aspect and extreme prostration; emaciation; lying on the back, comatose; eyes half open; respiration audible and accelerated; hands and feet cold; trunk hot and extremities cold; skin dry; sweating; suppressed cutaneous transpiration; forehead covered with cold sweat. Pulse small and contracted; quick and hardly perceptible; small and frequent; quick and thready; pulseless. Delirium with cephalalgia; intellect beclouded though he gives correct answers to questions; unless questioned he says nothing of his condition, which does not seem to him dangerous. Perceptions entirely lost; he is unconscious; carphologia; eyes hollow, staring, and sunken; pupils much dilated and little sensitive to light; immovable and but slightly dilated; left pupil contracted while the right is dilated. Nostrils dry and black. Face sunken and hippocratic; risus sardonicus; lips, teeth, and tongue covered with a thick brown coating; lips cracked; face covered with perspiration; grinding of the teeth; tongue protruded with difficulty; tongue bright red; tongue heavy, stiff, and numb; loss of speech; inextinguishable thirst; epigastrium and stomach extremely sensitive to pressure; abdomen distended, tense, and hard; surface of the abdomen hotter than the rest of the body; tympanites with pain in the back. Watery diarrhœa, the stools

are passed insensibly; stools fluid, offensive, with white flakes; involuntary stools; numerous, liquid, black, offensive stools, with severe pain; secretion of urine suppressed; urine copious; involuntary urination; respiration irregular and intermittent.

Mercurius.—Great weariness in all the limbs; weakness, in the evening, with depression of spirits; great weakness on the slightest movement; in the morning, with nauseating sinking, heaviness of the legs and drowsiness; intolerable weakness, with giving way of the knees; with sensation as of lead in the veins, worse when sitting; attacks as if body and mind were unstrung (*entschlaffung*). Aversion to speaking, with confusion (*wuestheit*) of the head, so that he can neither read nor perform the least labor, but falls asleep while sitting; weakness and exhaustion, with heat, rush of blood, and trembling, from the least labor; much exhausted after a stool, with griping in the abdomen; weakness, so that he is ready to fall, with inexpressible sense of illness in body and mind, which compels him to lie down. General exhaustion of forces, with emaciation; small, transparent vesicles filled with watery fluid, appearing in the morning on various parts of the body (*Sudamina*). Too great disposition to sleep, which is too profound; he slept twelve hours and would longer if not waked; with extreme prostration and sleepiness, he is unable to sleep; frequent waking, as if from fright, or from wakefulness, with much tossing; intolerable restlessness, anxiety, and discomfort at night in bed, with sleeplessness; on waking, whirling in the head, by which sleep is made more distressing than pleasant; frightful dreams, as if he fell from a height, or as if he were not in his own home, and talking of distant villages; of shootings; of street robbers; frightful imaginations prevent his sleeping, in the evening. Great perspiration at night, also it is greasy, stiffens the linen, stains it yellow, or is offensive. Great indifference, so that he takes no notice of anything; has no desire to live, wishes rather to die, with indifference to the most loved objects. Loss of thought for the moment; insensibility, so that he knows not where he is; loss of consciousness and speech, with pulselessness, with cadaverous aspect, while the natural heat of the body is retained, and he is in a sleep-like state, from which he emerges with consciousness and speech. Vertigo while lying on the back, like whirling and weakness (*weichlich*), better when lying on the side. As if the head were bound with a band, with pressure. Pressing headache in the occiput, or outward pressure in the forehead, with pain in the bone

over the eyebrows, especially when touched. Dullness of the eyes; pupils dilated; deafness. The ears as if stopped, with rushing sounds. Bleeding from the nose, in sleep. Pains in the corners of the mouth as if cut; excoriation and cracks in the corners of the mouth; ulceration of the corners of the mouth, with pains as of excoriation. Spongy gums, separating and easy bleeding; bleeding of the gums on the slightest touch. Tongue very rough; brown or blackish; painful, as if chapped and burning; dry and hard. Great thirst day and night for cold drinks, especially for water. Great sensibility of the stomach and epigastrium to touch; fullness of the epigastrium with tension, and embarrassed respiration. Distention of the abdomen, with hardness or with painful sensibility to touch; rumbling in the bowels after every drinking, or before every stool; stools dark green and frothy; brownish, soft, floating on the water; pitch like, sticky; urine offensive, first clear, then white as if mixed with chalk.

Nux moschata.—General restlessness in the muscles, with vertigo; anxiety in the body with disposition to trembling. Pain in the neck, bones, and generally as if after taking cold in copious perspiration, with pressing to the forehead. Loins and legs as if bruised and weak; after the slightest exertion weakness with inclination to lie down. Bluish spots on the skin. Great sleepiness with giddiness, as if drunk, so that she does not know where she is, and walks with the eyes shut. The profoundest coma, lying silent, immovable, insensible; a dreamy state, with drowsiness, and falling of the eyelids; restless sleep at night. Absent-minded and insensible, as if intoxicated; insensibility and giddy vanishing of thought; slow movement of ideas, he dwells long on his answer before giving it, and often he answers not at all. Delirium and stupidity; frantic drunkenness; drunkenness, also with staggering, or indolence, or heaviness in the head, and pain first in the forehead then in the occiput. Dryness of the mouth, tongue, and throat, with fullness of the stomach and loss of appetite; in the evening, so great that the tongue sticks to the roof of the mouth, yet without thirst. Distention of the abdomen as if from flatulence; tension of the abdomen, with restless sleep, or heaviness in the upper part of the abdomen. Rumbling, rolling, and gurgling in the bowels; discharge of fetid flatus; watery stool instead of flatus, after a previous constipation and hard stool; colliquative, putrid diarrhœa. Urine scanty, very high colored, and clear.

Secale corn.—Great general weakness, or sometimes more in the upper and sometimes in the lower extremities. Heaviness of the limbs with numbness; weakness of the limbs; rapid sinking of the forces; fainting; great trembling of the part moved in every effort, even of the protruded tongue. Rapid emaciation; petechiæ; great inclination to sleep, like coma; deep sleep and long continued; stupefying slumber the whole day; sleep at night is restless with heavy dreams; after sleep is much exhausted. Pulse small and contracted (*zusammengezogen*), slow, small, and intermitting. Sweating from the head to the epigastrium; profuse and general; cold and also sticky. Depression of spirits constant, with timidity; great indifference to everything. Delirium bland or violent, like mental aberration, followed by vomiting and this by deep sleep; after the delirium still greater vertigo, like intoxication, with sense of lassitude and weakness; the boy understands nothing, and answers no questions; continued stupidity with dilated pupils; difficulty of thought and speech; diminished sight and hearing, or entire loss of these senses; confusion (*wuestheit*) and stupefaction of the mind; drunken vertigo, staggering and inability to stand erect. Distortion of the eyes, with pupils nearly closed; rolling of the eyes; eyes wild and wandering; staring of the eyes; squinting; pupils either much contracted or dilated. Deafness, with humming and rushing sounds in the ears. Bleeding from the nose. Face sunken, hippocratic, pale, and expression dull. Dryness of the mouth, with thirst; tongue discolored, brown, or comparatively black; speech difficult, weak, indistinct, or stammering; slow and weak, as if the organs had an impediment to overcome. Dryness of the throat. Painful sensibility of the stomach and epigastrium; abdomen distended, tense, hard, and painful if pressed; painful diarrhœa, with great sinking of the forces; putrid, extremely offensive, colliquative diarrhœa; involuntary diarrhœa. Suppression of the urinary secretion; difficult urination, with constant desire. Voice hoarse and hollow; anxious and difficult respiration, also with sighing and hiccough; loss of speech and subsultus.

Sulphur.—Very heavy and weak in the limbs from morning to evening; lassitude the whole day; vanishing of the power of the arms and legs, like fainting; he was near losing his consciousness. Always fatigued and weak; weary, as if after sickness; much prostrated, weak, and averse to effort, even to speaking; weakness of the limbs, with trembling after every effort. Very weak and sleepy the

whole day ; unconquerable sleepiness in the day-time ; even when seated at work he cannot prevent sleep. Restless tossing at night in bed ; restless at night, he wakes from each sleep with fright, as if from a terrifying dream, and after waking anxious phantasies, as from ghosts, or his employments, from which he cannot at once free himself. Restless sleep ; full of dreams ; before midnight, irrational talk in his sleep like delirious dreams. That which he has dreamed seems to him a reality. Snoring in his sleep ; sleep with half-open eyes ; unintelligible mutterings in sleep ; frightful and anxious dreams every night. She has no rest day or night. Great absence of mind ; he cannot fix his attention on present objects or manage his affairs. Indolence of body and mind, and through the day is averse to employment or movement ; in the evening he is averse to work, pleasure, speech, and movement ; he is extremely uncomfortable and knows not what is the matter with him ; he is dull in his senses, stupid and embarrassed, and avoids moving about. When spoken to, he is as if wakened from a dream, he appears silly, and can only comprehend and answer after great effort ; he cannot bring two ideas into connection, and is as if weak in his intellect ; great dullness and vacuity ; sensation of fullness and heaviness in the head ; heaviness in the vertex ; pupils contracted ; increased sensibility of hearing ; every sound annoys him. Dryness of both ears, which rapidly disappears ; bleeding from the nose for seven days. He can endure no odors ; pale, sickly aspect, as if after long illness, with great uneasiness ; sunken eyes with blue circles around them ; dryness of the lips ; cracked lips ; trembling of the lips ; brown mucus is deposited on the teeth ; bleeding from the teeth and gums. Offensive smell from the mouth morning and evening ; tongue very dry in the morning. The stomach is very sensitive to touch, even the bed covering causes pain. The region of the liver is sensitive to touch ; distention of the abdomen ; swelling and hardness of the abdomen in the evening ; tension of the abdomen, as if from pent-up flatus ; rumbling, rolling, gurgling, grumbling in the bowels ; much flatus ; offensive flatus ; diarrhœa like water every half hour, each after grumbling in the bowels, without pain. He has six discharges like diarrhœa, then he faints ; first he had heat and warm sweat, then cold on the face and feet, with white tongue ; frequent and frothy diarrhœa, with tenesmus, even at night. After the stool great prostration ; urine scanty ; dark brown urine ; the urine becomes turbid after standing an hour ; very offensive urine.

These are the principal symptoms by which the above medicines are related to typhoid fever. As to *Nux mos.* and *Secale*, the brain symptoms are so considerable as to make it perhaps a little doubtful whether they would not be more properly considered in connection with the mixed group. They have been presented here because of the importance of the *character* of their abdominal symptoms, rather than of their great number, and because the fevers to which they are appropriate are dangerous chiefly through the progress of these symptoms.

Ars. is second in importance to no drug in the treatment of this fever. This is true if we have reference to the proportion of cases calling for its administration, or the grave character of those in which it is often found curative. It is not, however, to be given without due discrimination, if we would avoid evil from its use. In the first place, from the symptoms above given, it is quite apparent the cases requiring *Ars.* are characterized by *anxiety* and not by *coma*. Though the patient may "fall asleep again immediately after being roused," his sleep is not comatose.

Restlessness and nervous erethism are also marked features of these symptoms of *Ars.*, and consequently of the fevers to which it is applicable, especially in the first stage. In these elements it stands alone among the group of drugs related to the typhoid state. It is rare that *Ars.* is appropriate to the treatment of any acute disease when the prevailing disposition is to a quiet repose, and never in the early stage of this fever. In a later stage, the patient may be *quiet*, and yet be a proper subject for *Ars.*, but the quiet is that of exhausted vital force, which is rather tending to dissolution than healthy repose. He may in this stage be insensible, but this is from exhausted brain power, coincident with the loss of power and function in all the other organs of the body, and not from congestive coma. And even here, if roused, there is so much of the characteristic anxiety and restlessness as the patient has power to show. In relation to the *diarrhœa* of the cases which call for *Ars.*, it may be remarked that this element is likely to be developed early in the history of the case, and each discharge to be followed by marked increase of the exhaustion. The discharges are decidedly offensive. The swollen abdomen has not the tense, tympanitic character of that produced by *China*. It is softer, though full, and gives out more frequent and marked sounds of moving flatus and liquid in the intestines. The flatus with *China* is pent up, and the noises from its transit are less. In

a latestage of the fever, if sinking, threatening dissolution, occurs, Ars. is one of our chief reliances. In cases showing the characteristic anxiety and restlessness, with cold, sticky perspiration ; rapid, small, and weak pulse ; or large, soft, and slow, Ars. will often succeed in arresting the downward progress of the case and in raising it to convalescence. It is not to be used in cases of sinking indiscriminately. It is not often indicated in cases where body and mind are quiet. When the exhaustion has been preceded by hemorrhage, or great loss of fluids, as by serious diarrhoea, China will be preferable, but then the characteristic restlessness and anxiety of Ars. will be wanting. If, in the absence of these, and after protracted illness, the sinking be sudden and characterized by coldness or cold perspiration over the whole body, or only on the trunk, with slow, small, and soft pulse, Verat. is indicated. If the exhaustion be very great, with coma and loose rattling respiration, cold respiration on the extremities and face, pulse small and weak, or the patient is even pulseless, Carbo veg. is better. These cases require the most careful individualization, and comparison of their symptoms with those of the drug, before selecting the remedy, for there is not likely to be time for the correction of a mistake if this be made at the first effort. Where the exhaustion is from progressing decomposition of the blood, this process is more likely to be arrested by Lachesis.

Colchicum, if rightly applied, will be found a remedy of considerable value. A cursory glance at the symptoms given above is all that is required to see its true position in the group in which we have placed it. Its almost entire want of brain symptoms places it next to Ars., if it be not even less characterized by these than that remedy ; while in its abdominal symptoms it much resembles China. It may be regarded as occupying ground between these two. If we meet with the tympanitic distention of the abdomen so characteristic of China, with watery diarrhoea and exhausted forces with even a greater freedom of intellect than with Ars., with the absence of the anxiety and restlessness so characteristic of this last, we have a case that just calls for Colch. and for no other drug ; and if not given too freely, it will not disappoint our hopes of success.

The symptoms of Sulphur here given are worthy of study. In the general symptoms there is little disclosed, except debility, to connect the drug with the typhoid state. This is certainly very like what is often met in the *early* stage of this fever. So of the sleep and dreams. The mental symptoms are rather such as are

likely to result from a certain degree of general loss of vital forces, in which the brain as a part of a whole participates, than such as indicate any special invasion of this organ. With this the head symptoms are in full accordance. The organs of sense appear in a state of erethism from participation in the same general condition. But a cursory glance at the symptoms of the alimentary tract and its associate organs is sufficient to disclose that here is a strong resemblance to the phenomena developed by the grave forms of the fever in the same sphere. Those of the lips, mouth, teeth, stomach, abdomen, and stool are quite worthy of notice.

But *Sulphur* has a wider range of relationship to the treatment of this fever than that of simple resemblance to its symptoms found in the above record. This exists in its antagonism to chronic miasms called by Hahnemann, in one word, *psora* (and which the reader may call by a better name if he has one), so likely to become active during the invasion of any severe attack of acute disease, and in this fever more than in any other, increasing greatly the difficulty of the cure, and often rendering this impossible, till after the use of remedies specifically antagonistic to these miasms. Among the remedies so related, *Sulph.* stands pre-eminent. In such cases as resist the action of the drug whose symptoms on the healthy are most like those of the fever, after a proper trial (and many such cases there are), there need be no hesitation in giving a single dose of this remedy, which will often be followed by a remarkable change in the state of the patient for the better. This use of the *anti-psoric*, to meet the demand of the complex nature of the case, is not to be confounded with nor raised as an excuse for that "alternation of remedies" against which we have protested in this paper. In this permitted and beneficial use of an *anti-psoric*, supplementary to the leading curative of the case, and that "alternation," there is nothing in common except both involve the use of two drugs. These two courses are entirely different both in principle and result. This complex condition of the fever has also often been successfully met by a remedy but little known to many practitioners, it is believed, but which nevertheless has great value in just this class of cases. The reference is to *Psorinum*.

In illustration of the action of these two remedies, the following case, which occurred in the practice of the writer some years since, may serve. The patient was a girl, ten years of age, light complexion, slender form, temperament mixed nervous and lymphatic,

the mother of whom had suffered from often repeated attacks of facial erysipelas, while the father would be at once classed with the scrofulous by those who use the term. There was in the early stage no notable characteristic, except the great rapidity with which the case reached the state usually met in the last stage of the severer forms of the fever. On the sixth day, through an uninterrupted downward course, the patient had come to utter insensibility; constant profound coma or lying with staring eyes; involuntary and unnoticed evacuations into the bed of both urine and feces; subsultus; when the eyes were open, reaching after objects in the air and picking at the bedclothes; entire loss of hearing, and apparently of sight; intestinal evacuations, liquid, brownish, and extremely offensive; pulse small, weak, quick, and 130 per minute. In this alarming state of things, in accordance with the advice of my friend, Dr. A. F. Haynel, the patient got four globules of *Psorin*.³⁰ In twelve hours, having had no other dose and no other medicine, she answered questions loudly put, the diarrhoea was less frequent. Pulse 120 per minute. The dose was permitted to act and the improvement to progress till the end of forty-eight hours, when she fell again into insensibility and involuntary evacuations, with an increase of the other remaining symptoms, though they were slighter than before the dose of *Psor.* was taken. She now got Sulphur, third trituration, half grain. The amendment which followed was prompt, the convalescence rapid and complete. The patient required and got no other dose and no other medicine. There can hardly be a doubt that in this case, if there had been a continued reliance on and use of what seemed to be the appropriate remedy in this case, regardless of the psoric complication, it would have speedily reached a fatal termination. Whether the cure is to be referred to the action of these two drugs solely, or whether by extinguishing the psoric element the case became amenable to, and came under the power of, the remedies previously employed is a question on which opinions may differ. The recovery was rapid, complete, and unexpected.

The third variety of typhoid fever, that in which neither the cerebral nor abdominal symptoms can be said to preponderate much, and of which we have presented *Bryonia* as the drug representative, may require *Arn.*, *Bry.*, *Calc.*, *Nux vomica*, *Pulsatilla*, *Rhus tox.*, or *Verat*. The following are symptoms of these drugs, the likeness of which may be met in our practical dealing with this class of cases:

Arnica.—Great heaviness of the limbs, as if from extreme fatigue; weakness, weariness, and bruised soreness, which compels to lie down; lassitude and sluggishness in the whole body; general sinking of the forces. Sleep unrefreshing and full of dreams. In sleep, whimpering, loud talking, loud blowing (*schniebendes*) in and expirations; involuntary evacuations of feces and urine; anxious and heavy dreams from the evening into the night, which much affect the body; frightful dreams. Sits as if in thought, yet thinks of nothing, like a waking dream; forgets the word while speaking; loss of consciousness; delirium; stupefying confusion of the head, like a heaviness in the forehead; vertigo while raising or moving the head. Pupils contracted, with beclouding of the head. Bleeding from the nose. Lips dry, as if parched by thirst. Dryness of the mouth, with great thirst. Putrid smell from the mouth. Distention and hardness of the abdomen. Brown or white diarrhoea; diarrhoea at night, with pressure in the abdomen as if from gas; with distention of the abdomen before the stool; with rumbling in the abdomen during the stool.

Bryonia.—Great and general weakness on waking from sleep; with sluggishness, lassitude, and drowsiness; he feels better when lying down. Loss of strength on the least exertion, especially after rising from sitting and at the beginning of walking, and with want of firmness in all the joints. Weariness and heaviness in all the limbs, especially the legs, and on rising from sitting. Great sleepiness through the whole day; he must sleep all the time; comatose sleep with anxious delirium, or with dry heat, jerkings of the face, and involuntary stools. At night, in bed, he lies without consciousness, with groans, cold sweat on the forehead, followed by weakness; thirst, with frequent drinking; delirium on waking from sleep. In sleep, whimpering, at three o'clock A. M.; distortion of the mouth or movements like chewing; involuntary stools; anxious dreams, with waking with fright and outcries; frightful, delirious dreams, as if cut and hacked by soldiers, with desire to escape. Wakes weary and unrefreshed; anxious perspiration, which prevents sleep, with sighing, short cough, and pressure on the chest. Acid sweating at night, preceded by thirst, with pressing drawing in the head toward the end of the sweating, followed by confusion of the head. Inclination to escape from the bed; disposed to be timid and fearful; dejected, debilitated, with aversion to thought; irritable, peevish, and easily offended. Debility of the mind, with vanishing of the

thought, like fainting; dullness of the head, with difficulty of thinking and great forgetfulness; delirium, especially at night; or in the morning, upon business affairs, with disposition to run away; in the evening, with hasty speech, imagining he is under control of strangers, and desires to go home. Stupefaction of the head; feeling of drunkenness, with desire to lie down, or with rush of blood to the head; great heaviness of the head, also with pressure in the brain, and desire to lie down; fullness of the head with vertigo; throbbing in the head, in the forehead and occiput, worse when moving. The pains in the head are increased by moving or opening the eyes. Bleeding of the nose, especially at three o'clock A. M., or after rising; daily, for many days; in sleep. Face pale; yellow; heat of the face, especially in the evening, also with burning and redness, especially of the cheeks. Dryness of the mouth with great thirst, or also without thirst. Tongue dry, rough, or dark colored. Indistinct speech from dryness in the throat. Violent thirst day and night, does not drink often, but much at a time; thirst for cold drinks; for wine, for coffee, or acids. The least pressure on the stomach is insupportable; excoriating pain in the epigastrium from touch and cough. Pain in the abdomen, as if there would be diarrhoea; distention of the abdomen; rumbling sounds in the abdomen, especially in the evening in bed or at night. Diarrhoea every three hours with sudden and almost involuntary discharge; with weakness, which compels to lie down, especially in the morning or at night, with burning in the anus; offensive, like putrid cheese; pain in the abdomen before the diarrhoea. Dry, short, hacking cough, evening in bed, as if from roughness or dryness in the larynx.

Cocculus.—Attacks of jerking of the muscles, especially of the lower limbs. Trembling of all the limbs. He can hardly stand erect on account of great weakness; great weariness at nine o'clock A. M., with heaviness in all the limbs and almost an unconquerable inclination to sleep. Indolence, sluggishness, and he sits in silence. Wants to lie down. Faintings, also especially from bodily movement, with spasmodic distortion of the facial muscles. The greatest weakness. After the slightest exertion he must sit down. The least effort, or interruption of sleep, is followed by great loss of strength. Unconquerable coma vigil. Coma. The greatest irritability; can endure neither noise nor contradiction. Dullness in the head, also with cold sweat on the forehead and hands. Vertigo, like drunkenness, with dullness in the forehead, as if a board were

before the head; whirling vertigo when rising up in bed, with nausea, compelling to lie down again. Pupils contracted or greatly dilated. Dryness of the mouth at night. Tongue rough, and also dry, with whitish yellow coating. Great distention of the abdomen. Rumbling in the intestines. Frequent urination in small quantities.

Nux vomica.—Great weariness also immediately upon the slightest movement. Great inclination to lie down or to sit. Sudden sinking of the forces. Sudden, paralytic loss of strength, even in sitting, but most when moving. Immoderate sensibility to the open air. Uncommon sleepiness, as if from stupefaction of the head. The night seems long and tedious, with comatose slumbering and dreams full of bustle and hurry. In sleep: wakes in fright from the least noise; moaning and whimpering; blowing (*schneibendes*), whistling expiration through the nose; snoring inspiration, as if the posterior nares were contracted, before midnight; delirious phantasies on lying down; half waking, sad phantasies of the headless bodies of dead acquaintances; in an evening slumber he springs delirious out of bed; dreams full of frightful images; delirious and extravagant dreams; wakes as weary as when he slept. Chill on the slightest movement. Restlessness, with dilated pupils. Increased sensibility to all impressions. Sounds, talking, odors, and light are insupportable. Silence as if averse to everything. Stupefaction of the head; drunkenness and beclouding of the head; vertigo, with obscured vision and ringing in the ears; vertigo as if in the brain there were a whirling in a circle, with momentary loss of consciousness; vertigo on rising from lying on the back, with obscured vision. Heaviness in the head in the morning with drunken vertigo. Bruised pain in the head, as if compressed. Throbbing in the vertex on endeavoring to fix the attention on an object. Contraction of the pupils; dilated pupils, with slow respiration. Continued bleeding from the nose. Dryness of the nose. Offensive smell from the mouth, putrid, like carrion; dryness of the mouth also, only of the forepart, and especially of the tip of the tongue, or in the morning, as if from the use of spirituous drinks the evening before. Tongue black and cracked, with deep red edges; brownish tongue. Inability to speak loud; while speaking, sensation as if the tongue were too thick. Food is without taste. Thirst, especially in the evening, with disgust for water. Great sensibility of the stomach and epigastrium to pressure. Distention of the epigastrium, with painful sensitiveness to

touch. Pain in the abdomen as if all were raw; distention of the abdomen immediately after drinking. Frequent, small, diarrhoea like stools, which are excoriating to the external parts; diarrhoea putrid, watery, with cutting and drawing pains in the abdomen and loins, extending to the thighs.

Phosphorus.—Sluggishness of the limbs, more in the forenoon, with heaviness; heaviness and dullness of body and mind; loathsome (widriges) sensation of the whole body, with weakness of the joints, especially of the knees, while sitting and in quick motion. Sense of illness and discomfort in the whole body, especially in the stomach, even in the open air; general relaxation, with great nervous weakness; weariness in the whole body, especially in thighs; frequent sudden attacks of great weakness; walking affects him much, even the least walk produces great fatigue and headache; loss of all strength; trembling in the morning with jerking of the limbs. Great sleepiness, like coma; stupefied, as if drunk; dizzy, staggering, on waking from sleep; frequent waking from sensation of heat; dry heat with pain in the part on which he has lain, as if the place had been too hard; great heat with dryness of the mouth, which impels him to drink; constant dreaming, with great restlessness at night; dreams of animals biting, with outcries, and waking with anxiety. Pulse accelerated, full, weak, and small; throbbing in the arteries of the throat. Increased sensibility of the senses, especially of hearing and smell. Indifference to everything, even the most loved child. Slow movement of ideas; absence of ideas; delirious phantasies in slumber and waking, as if she were on a distant island, had great occupation, was a lady of rank, etc.; as if stupid and disconcerted (verduetzt) for many days; he cannot comprehend any idea, with headache; painful stupidity on waking in the morning; vertigo, with confusion (eingenommenheit) and stupidity of the head as if he would lose his senses. Throbbing in the top, left side, or back of the head; in the temples often for a half hour; humming and buzzing in the head almost the whole day. Frequent and copious bleedings from the nose; copious bleeding in the evening. Sick, pale aspect, especially in the evening; hollow, sunken eyes, with blue circles, and pale, or earth-colored, sunken countenance, dingy colored, hippocratic face. Dry lips, with dryness of the palate. Bleeding of the gums from the slightest touch. Intolerable dryness of the mouth, sticky, with great thirst, which is not relieved by drinking. Tongue as if coated with a skin; as if burnt and rough

at the tip; dryness of the tongue. Dryness of the throat, which hardly permits swallowing. Constant thirst for water. Pain as from excoriation, or as if inflamed in the hypogastrium, especially when touched, with weakness; sensibility of the abdomen below the navel when pressed on; distention of the abdomen, with pain as if bruised, in this part and in the loins, when touched; extreme sensibility of the abdomen; tension of the abdomen from accumulated gas, though much is discharged; hardness of the abdomen, with much flatulence; very full, tense, and hard abdomen. Rumbling in the bowels, also painful, as if there would be diarrhoea; very offensive flatus. Diarrhoea—black, gray, involuntary. Urine of strong ammoniacal odor, turbid, which deposits a white sediment; sharp, disgusting smelling urine, like the smell of violet roots. Dry cough, with pain in the head as if it would burst; severe cough, with pressing headache the whole day; troublesome cough which causes pain in the forepart of the chest and wakes from sleep; loose cough without expectoration, with pain and sense of excoriation in the chest, so that he fears to cough. Shortness of the breath, also with vertigo, or with great anxiety (*beklemmung*), or also after each cough; anguish in the chest, as if pressed together, with want of breath; pressure on the lower part of the chest.

Pulsatilla.—Sluggishness (*trägheit*), with constant desire to sit or lie down. Heaviness of the whole body, sometimes great especially of the arms and legs, with chilliness. Inordinate weariness from a short walk. Weariness of the legs even while rising from long-continued sitting. Weakness of the whole body, which compels lying down; can walk but a few minutes on account of weakness, and is often through the day compelled to sleep whole hours. Trembling weakness. The weakness and weariness of *Puls.* develop themselves mostly as heaviness. Light sleep, with the feeling on waking that he has not slept at all; restless, stupefying, dull sleep, with constant tossing about; slumbering long continued, full of phantasies and dreams; great restlessness and tossing in the bed, as if from great heat, or throwing off of the bed covering because of heat, with heat of the palms of the hands; he casts off the clothes because they are too tight or too warm, yet he shivers as soon as he is uncovered. External warmth is unsupportable; warm sensation, as if in an overheated room, or as if hot air were blowing on one, which excites headache. Heat of one hand with coldness of the other; heat of the hand and foot of one side, with coldness and

redness of the other, evening and night. Pulse quick and small; weak and almost suppressed. Great disposition to perspiration during the day; on the right side of the face; on one side of the body, either the right or the left, cold perspiration with trembling of the whole body. He falters and hesitates in his speech, and only answers with indignation. Unconsciousness; he knows neither where he is nor what he does; dullness, like a want of memory; great difficulty in speaking, to use right expressions; fixed ideas; when he has once grasped a thought, it cleaves to him and will not vanish; great crowd of changing ideas; nocturnal delirium; violent delirium with loss of consciousness; terrific visions, with fear and desire to hide or run away; dullness of the head with heaviness; confusion of the head with vertigo when moving; dullness of the head, with bruised pain in the forehead; vertigo, like drunkenness; vertigo so that he cannot rightly comprehend an idea; heaviness of the head, so that he has difficulty in raising it; heaviness of the head with intolerance of light. Pain in the head as if the brain were torn, in the morning, on waking, and after. Pupils first contracted then dilated. Deafness, as if the ears were stopped; with rushing sound, like the wind. Cracked lips. Putrid smell from the mouth, morning and night; foul smelling slime covers the mouth in the morning on waking, with dryness of the mouth and throat; tongue as if burnt and insensible; cracked, with gray coating. Throbbing in epigastrium and stomach. Rumbling (knurren) in the bowels, also with diarrhoea stools and pinching and grasping pains in bowels. Watery diarrhoea, especially at night; unconscious stools at night, in sleep. Red urine; dark red, without sediment; brown, also with burning; brownish red.

Rhus toxicodendron.—Great weakness in the whole body; with sensation as if bruised, lasting the whole night; with constant desire to sit or lie down, with soreness in all the bones; will lie down, sitting does not suffice; on sitting up he has nausea. Petechiæ, with great weakness, even to the loss of all strength; lenticular red spots with small vesicles in the centre. Sleepiness the whole day, with anxiety, restlessness, sadness, dry lips, and a constant desire to lie down; sudden sleepiness in the evening, so that she cannot rouse herself from it; paralytic sensation (lahmigkeit) in all the limbs; constant comatose slumbering (schlammersucht), full of troubled and intermittent dreaming; snoring, murmuring, and

picking at the bedclothes; restless, disturbed sleep, with frequent turning and throwing off the bed covering; great restlessness at night in bed; great anxiety and fearfulness, which drives one from the bed; he must spring out and call for help, on account of indescribable feeling of distress; in sleep, open mouth; very short breath. Violent delirium, with severe pains in the limbs, great weakness, dry tongue (red or black); dry, brown, or black lips; heat and redness of the cheeks, carphologia, pulse quick and small, lethargic slumbering, with murmurs and snoring. [The above group is clinical, not pathogenetic] Sweating over the whole body, or only on the face, which is hot; in bed, in the morning, over the whole body except the head; gentle sweating, during which he wishes to be covered. Great anxiety, with pressure in the heart and tearing pains in the loins; with sinking of all the forces, more after than before midnight. Absent-minded, as if absorbed in thought, and yet a want of ideas; illusions of the phantasy and visions; delirium, also loquacious; prostration of the mind, he cannot bring two thoughts together, as if quite stupid; thought is difficult, and he is averse to speaking; slow movement of ideas; cannot remember the most recent occurrence; weakness in the head: if he turns he loses his consciousness for the moment, and after stooping he cannot rise; while sitting, stupid, as if drunk, on rising, dizzy, as if he would fall forward or backward; head is stupid and dull; confusion of the head; stupid weakness of the head; vertigo, as if drunk, and as if he would fall, after rising from the bed. Headache when opening the eyes, when waking from sleep, as if the brain were torn, as if after a brandy debauch, worse when moving the eyes, then in the occiput, as if the cerebellum were bruised, and outward pressure in the temples; as if the two sides of the head were pressed together. Great sensibility of the scalp to touch, like a boil. Bleeding of the nose at night, in the morning, sense of dryness or actual dryness in the mouth, with severe thirst not relieved by drinking, afternoons and after midnight. Tongue not coated but very dry, with desire for drink; dry and hard, red or brown tongue. Repugnance to all ingesta; he tastes neither food nor drink. Distention of the abdomen, in the region of the navel, with severe pinchings; painful, with pain as if from pent up gas; very offensive flatus. Diarrhoea, sudden, thin, yellow, frothy, almost without fetor or preceding colic, but the discharge is involuntary, as if from paralysis of the sphincter; nocturnal, with severe colic, which disappears after the discharge,

or with headache and pain in all the limbs; involuntary stools, especially at night in sleep.

Veratrum.—Weakness in all the limbs; inclination to lie down; weariness, as if after long walking; weakness as if from overheated air; he sinks down exhausted; universal weakness in the morning, as if after too little sleep; sudden sinking of the forces with disposition to sleep; he cannot stand up but only lie or sit; if he stands he has the greatest anxiety, with nausea and cold sweat on the forehead. He sleeps on his chair, in a half conscious state; stupefying sleep, like comatose vigil (*wache schlummersucht*), with frequent starts as if from fright, and one eye open and the other closed or half open; uninterrupted sleep for three days; sleep too profound; frightful dreams, with subsequent vomiting of green, tenacious slime; angry dreams; anxious; as if bitten by a dog and he cannot escape; as if he were hunted; of robbers, with frightened waking, and a fixed idea that the dream is true. General heat with sweating, especially in the evening in bed, or during the day, with pale face. Great thirst for cold drinks; afternoon and evening, cold sweat on the whole body, or only on the head and trunk, or only on the forehead; cold and sticky; nocturnal, also continued, and especially in a long sleep. Great indifference, with a kind of insensibility which impels to rubbing the forehead. Silence. He is averse to speaking, and his voice is light and weak; he permits no one to speak to him. He remembers events only as dreams; almost entire loss of mind; delirium, also violent; mild, with entire coldness of the body, open eyes, laughing expression, with talking of religious things, of fulfilling vows, prayers, and the impression that he is elsewhere than at home. Heaviness of the head, during which all things seem to whirl in a circle. Pupils either contracted or dilated. Deafness in one or both ears as if stopped. Bleeding from the nose, or only from the right side, or at night in sleep. Face pale, cold, cadaverous, with sharpened nose and sunken cheeks; blue circles round the eyes; dark red face, also with heat; redness of one cheek and paleness of the other; they are alternately red and pale. Lips dry, black, and cracked. Dryness of the mouth, also with thirst. Tongue red and swollen; dry, blackish, and cracked. Loss of speech, stuttering. Black vomiting, also of black bile and blood, after previous bile and mucus. Great sensitiveness of the abdomen to touch; distention, with hardness; rumbling as if there would be diarrhœa. Nocturnal diarrhœa; copious; with pain during and after the stool;

with chill; with tense abdomen; greenish watery with mixed flocks; brown, blackish; unnoticed thin stools when flatus escapes; sense of weakness in the abdomen, like fainting, before the stools; during the stool great weakness, paleness of the face, and cold sweat on the forehead. Involuntary discharge of urine.

The above are the groups of symptoms which the respective drugs produce on the healthy, analogues of which may be met in cases of this fever. It will, of course, be seen at a glance that many of them, perhaps a majority, are like to symptoms only found in the early stage of attacks, when, unfortunately, the patient and his friends still hope for recovery without recourse to professional aid. The abundance of resources here evinced with which to meet the beginnings of the invasion cannot but cause regret that they should be so often suffered to pass into the stage of full development, before they become subjects of professional treatment; and the more because, if, as is too likely to be the case, the patient has been exposed to domestic medication, he has most certainly been damaged. The weariness, debility, dullness of mind, restlessness, want of repose, disturbed sleep, bad dreams, vertigo, headache, pains in the limbs, chilliness, etc., are often not suspected as indicative of any important ailment, still the case has passed to other and graver symptoms, which declare the establishment of a process which is only too likely now to progress against whatever medication, through the other stages of the disease, to recovery or a fatal termination, determined by the intensity of the action of the morbid poison, the constitution of the individual attacked, or the right or wrong employment of remedial agents. That this early stage of the fever is so often allowed to pass without proper attention unquestionably accounts for much of the mortality which results from its unchecked progress. The complete picture of this stage in the symptoms of many of the medicines here given is an assurance to the careful practitioner that, by the timely use of that drug the action of which is most like the symptoms of his case, he may often be able to cut the disease short and secure a convalescence without the suffering or danger which are necessarily met in the course of its full development. Some of the medicines, symptoms of which we have here given, can but rarely be called for in any other stage. This is true of *Arnica*, and to a considerable extent of *Bryonia*, *Nux vomica*, and *Pulsatilla*. *Arnica* has but few symptoms like those met in the later stages of the fever, such as loss of consciousness, delirium,

bleeding from the nose, distention of the abdomen, and diarrhœa, while there are very many quite common in the initiatory stage. The range of Bryonia is much wider. While it has many symptoms of the early attack, it has also very many common to all stages of the fever. As in other diseases which call for this drug, so in this, the patient seeks entire repose, for all his sufferings are increased by motion. It is never to be overlooked in cases where the lungs are invaded in progress of the fever, especially where there are, with the cough, stitching pains in the chest and pressure on the middle of the sternum, like a weight, with oppressed and anxious respiration. Its place is probably in the early stage of this invasion, before the lung is fully hepatized, after which there is no doubt Phos., Sulph. or Lach. will be found better remedies; which of these is to be determined by the general symptoms of the case. It may be doubted whether Bryonia is ever called for in the last stage of these cases where stupidity has passed into unconsciousness, the evacuations are unnoticed, and there is carphologia, extreme prostration, etc.

Cocculus is also especially related to the early stage of the fever, and likewise to that of convalescence. For the relief of the great debility which is often so oppressive, and sometimes protracted, in the convalescent stage, this is often one of the very best remedies. The class of cases to which it is appropriate in either stage is sufficiently obvious after only a cursory attention to the symptoms here given.

Nux vomica has many symptoms of the early stage of the fever and also of the second. Its use must be nearly if not entirely limited to these stages. In the early stage, if there be chilliness on the slightest movement, dryness of the front of the mouth and tip of the tongue, intolerance of impressions on the external senses, all of which seem much exaggerated, great sensitiveness to the open air, thirst, with aversion to water, there need be no doubt as to the propriety of giving this remedy or of its beneficial action. It is also characterized by a strong want to lie down and a considerable relief to the sufferer on doing so. In the second stage it is in place, if with these symptoms there be the condition of the mouth and abdomen given above, with the characteristic diarrhœa.

Phosphorus has symptoms of the first stage—that of attack—but its great importance is in the second and latter stages, in the treatment of which it often happens there can be found no proper substitute for it. This is especially likely to be the case in the fevers

which attack violently both the intestines and the lungs. (See the symptoms of the abdomen, cough, and respiration.) It is invaluable in those cases of congestion of the lungs where the organs are already to a greater or less extent hepatized and are on the eve of degenerating into abscess. In such cases it can give place to no remedy whatever—Lach. or Sulphur may be rather called for, if there be in the solidified lung tissue no disposition to deposit pus. We expect on a future occasion to call attention again to Lachesis as an agent for procuring the absorption of deposits by inflammation into the pulmonary tissue. Its efficacy in such cases is not surpassed even by Sulphur itself.

Pulsatilla.—This is appropriate to the stage of attack. It will be noticed the symptoms are marked by intolerance of external heat, by sensation of heat which distresses and causes the rejection of covering, the removal of which is followed by chill; heat of one side, or heat of one side with coldness of the other; perspiration on one side of the face or body; heaviness of the head with intolerance of light. It has also important relations to the later stages and to the severer forms of the fever. This is obvious from the fixed ideas, violent delirium, frightful visions, desire to escape, and from the symptoms of the abdomen and diarrhoea. It has succeeded in rescuing patients from the utmost danger, in these stages, in the experience of the writer, and he feels to recommend it to the careful consideration of his readers in the treatment of cases characterized by the above symptoms.

Rhus toxicodendron has been much used in the treatment of this fever, and not always with success, because there has not always been a clear perception of the elements by which it is related to the fever as a curative. When they are wanting its use must be either nugatory or mischievous, and most likely the latter, whatever its success may have been in other cases. There can be no greater folly than giving this or any other drug, in this or any other disease, merely because it is recommended in some of the repertories, or because it has been found specific in some epidemics called, for convenience sake, by the same name. It cannot be too often or too strongly impressed on the mind of the prescriber that the *only* true basis of a prescription is the similarity of the elements of the individual case to the characteristics of the drug. Where this similarity exists there need be no hesitation in the use of the drug in whatever stage of the disease. These remarks are made because it is believed

Rhus has been prescribed in the treatment of this fever out of its place oftener than any other drug, except perhaps Bryonia.

The case of typhoid fever which calls for Rhus is characterized by desire for frequent or constant movement, which seems to give a temporary relief to the patient. The anxiety of Rhus is of the body, and not of body and mind, and is in some degree mitigated by the movements. The delirium is likely to be demonstrative and loquacious, but it lacks the extent of violence which belongs to Belladonna, and also the characteristics of delirium of that drug. Mental operations are difficult and slow, he is stupid. The sleep is restless, disturbed, anxious, with frightful dreams, with frequent waking, and never that of quiet, profound coma. The nearest approach to this is a comatose slumbering, with snoring, murmuring, picking at the bedclothes, and dreams. The patient desires to be covered while sweating; want of memory. Headache when opening the eyes. Bleeding of the nose, *especially after midnight*. The state of the abdomen and diarrhœa are peculiar, and need not be confounded with that which belongs to any other drug. It is not to be forgotten that this remedy is not called for in any case when the patient is comforted by complete and continued repose—in this, as has been remarked, it being the exact opposite of Bryonia.

Veratrum is rarely called for in the attacking stage of the fever. It belongs rather to that of great prostration, cold sweating, coma, with a diarrhœa which is quite characteristic. There can hardly be a mistake in its use if the above symptoms are carefully attended to.

CHAPTER IV.

RHEUMATISM.

By this term we indicate an extended class of affections by no means easily brought within the brief and explicit terms of scientific definition. The difficulty is not so much in the vagueness of the subject as in its extent and the varied character of cases brought within the domain ascribed to it. When we suffer the pains of rheumatism we find them neither shadowy nor uncertain, but when we attempt to define what we mean by the word, to present the elements belonging to the genus, found in all its examples and found nowhere else, we fail, even after much labor, to produce anything

satisfactory, and may be compelled to sit down, as the writer now is, to the employment of the word, trusting to its general use by readers for a recognition of the fact that we refer to that numerous class of painful affections which are gathered under this denomination, for the good reason that it has not been so convenient to place them under any other. When he says *Rheumatism*, the reader thinks he means a definite thing enough, and if perchance he has felt its grip he is quite sure of it. Will he be so good as to tell us what he means, and in terms which shall equally describe the tortures of his ten dear neighbors and friends who also had suffered, and who certainly came to sympathize with him, and each to bring the knowledge of a "certain cure." If he will do this, he will have made an addition to the literature of this subject which will deserve to be remembered. If this definition were essential to that understanding of cases as they occur in practice, requisite to their intelligent treatment and speedy cure, it would be a matter for the deepest regret. But as the relationship of curatives to diseases has not been made to depend on strictly scientific definitions, however valuable these may be, and as the chief duty of the physician, in these, as in all other cases, is to find the curative, and as definition, if given, cannot materially aid him in the discharge of this duty, its consideration may for the present be safely waived. The improvements in nomenclature may hereafter make definitions more possible, the signification of terms used more explicit, and thereby enhance convenience in the interchange of ideas, but whether increased certainty of cure, or an abridged duration of the disease, would necessarily result may well be doubted.

In order to a certain and speedy cure of rheumatism, it is essential to begin with that first of all requisites to intelligent and successful treatment of diseases, a strict individualization of the case. It will be a help toward this, if at the outset the case can be referred to either of the following classes: With fever; without fever; swelling with redness and heat; without swelling; swelling with cedema; pains aggravated by motion; pains relieved by motion; pains suddenly shifting from place to place; pains aggravated by change of weather, especially on the approach of a storm. The exciting cause, if known, should be carefully considered, as this is often an important element in the individualization, and also the *quality* of the pain. The time and circumstances of aggravation are also matter for the strictest inquiry. The character of the tissue invaded—is it muscular, tendonous, ligamentous, membranous, or a mixture of these?

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